

B020000000200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

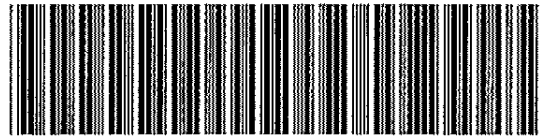
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MJH

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MLH Limited Partnership
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B02000000200

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. Zanetis
(Name of Person)

Zanetis Law Office, PC
(Firm/Company)

301 East Carmel Drive, Suite H-250
(Address)

Carmel, Indiana 46032
(City/State and Zip Code)

For further information concerning this matter, please call:

John M. Zanetis at (317) 573-9304
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

MLH Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.

Barbara A. Latz
(Signature of a General Partner)

Barbara A. Latz, Vice President, MLH Corporation
(Typed or Printed name of General Partner Signing Above)

STATE OF INDIANA

COUNTY OF HAMILTON

On this 29 day of April, 2005, Barbara A. Latz,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

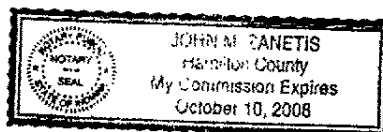
John M. Zanetis
Notary Public Signature

John M. Zanetis

Notary's Printed Name

Seal

My Commission Expires: October 10, 2008



05 MAY -9 PM 2:57

FBI-IND