

B02 0000000 273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

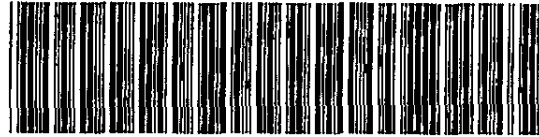
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/10
MST

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucas Clermont II Limited Partnership
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B02000000273

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

Please return all correspondence concerning this matter to the following:

Kim Guzzo
(Name of Person)

Casto
(Firm/Company)

191 W. Nationwide Blvd., Suite 200
(Address)

Columbus, Ohio 43215
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kim Guzzo at (614) 227-3497
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" 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**

Lucas Clermont II 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.



(Signature of a General Partner)

Frank S. Benson III, V.P. of Casto Clermont Corp. II

(Typed or Printed name of General Partner Signing Above)

STATE OF Ohio

COUNTY OF Franklin

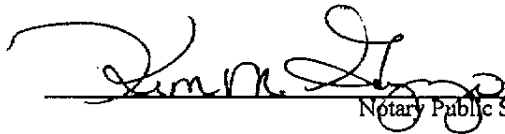
On this 1st day of August, 2008
personally appeared before me, Frank S. Benson III

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



KIM M. GUZZO
Notary Public, State of Ohio
My Commission Expires 09-15-07



Notary Public Signature

Kim M. Guzzo

Notary's Printed Name

Seal

My Commission Expires: 9/15/07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA