

B03000000009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

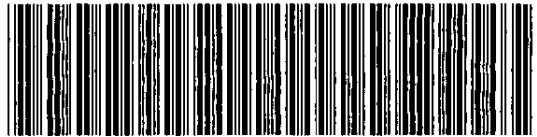
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03/30/09--01057--026 \*\*35.00

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2009 APR 15 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
APR 16 2009  
EXAMINER

B03-9

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MULTICAM, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

ELAINE ELLINGTON  
(Contact Person)  
MULTICAM, INC  
(Firm/Company)  
PO BOX 612048  
(Address)  
DALLAS, TX. 75261  
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ELAINE ELLINGTON at ( 972 ) 929-4070 x 2203  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2009

ELAINE ELLINGTON  
MULTICAM, INC.  
PO BOX 612048  
DALLAS, TX 75261

SUBJECT: MULTICAM, L.P.  
Ref. Number: B03000000009

We have received your document for MULTICAM, L.P. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 309A00010953

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

MULTICAM, L.P.

(Name of limited partnership or limited liability limited partnership)

DALLAS, TEXAS

(Jurisdiction of formation)

1-13-2003

(Date authorized to transact business in Florida)

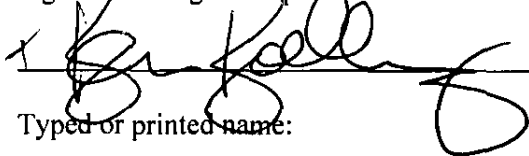
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signature of a general partner:

x 

Typed or printed name:

KEN KOELLING

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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