

B030000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

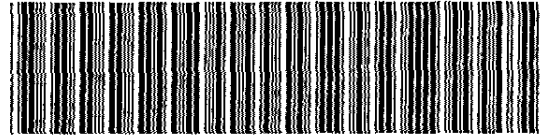
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700053584717

05/09/05--01054--011 **52.50

FILED
05 MAY -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Home Technology of Texas, LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: 803000000186

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

Please return all correspondence concerning this matter to the following:

Sean Hotchkiss
(Name of Person)

American Home Technology of Texas, LP
(Firm/Company)

8730 Commerce Ct.
(Address)

Harbor Springs MI 49740
(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Hotchkiss at (231) 347-6759
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY -9 PM 12:12

FILED

**CERTIFICATE OF CANCELLATION
FOR**

American Home Technology of Texas, LP

(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.

John T. Kohler / Emily Kloss
(Signature of a General Partner)

Emily Kloss
(Typed or Printed name of General Partner Signing Above)

STATE OF Michigan

COUNTY OF Emmet

On this 29th day of April, 2005,
personally appeared before me,

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

Lyn A. Wenz
Notary Public Signature

Lyn A. Wenz
Notary's Printed Name

FILED
05 MAY -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Seal

My Commission Expires:

LYN A. WENZ
NOTARY PUBLIC, EMMET COUNTY, MICHIGAN
MY COMMISSION EXPIRES 1-18-2007
ACTING IN THE COUNTY OF EMMET