

B03000000256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

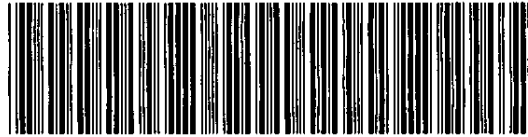
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400273796494

06/17/15--01016--020 **61.25

RECEIVED

15 JUL 17 PM 3:05

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

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15 JUL 17 AM 8:35

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comanche Contractors, LP

(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:

Mary Cooper

(Contact Person)

Comanche Contractors, LP

(Firm/Company)

10450 Westoffice Dr

(Address)

Houston, TX 77042

(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Cooper

(Name of Contact Person)

at (713) 862-4545

(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

July 9, 2015

MARY COOPER
10450 WESTOFFICE DR
HOUSTON, TX 77042

SUBJECT: COMANCHE CONTRACTORS, L.P.
Ref. Number: B03000000256

We have received your document for COMANCHE CONTRACTORS, L.P. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00014339

FILED
15 JUL 17 AM 8:35
DIVISION OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

MARY COOPER
10450 WESTOFFICE DR
HOUSTON, TX 77042

SUBJECT: COMANCHE CONTRACTORS, L.P.
Ref. Number: B03000000256

We have received your document for COMANCHE CONTRACTORS, L.P. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00012869

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15 JUL 17 AM 8:35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Comanche Contractors, LP

(Name of limited partnership or limited liability limited partnership)

Texas

(Jurisdiction of formation)

7/14/2003

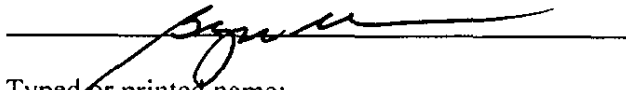
(Date authorized to transact business in Florida)

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:



Typed or printed name:

Greg Walla

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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15 JUL 17 AM 8:35
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA