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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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11/01/21--01037--030 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CBF	C Partners tnership or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation	and fee(s) are submitted for filing.
Please return all correspondence conc	eerning this matter to:
David F. G	anlel
CBPC Partw (Firm/Company)	
(Firm/Company)	
30 Eagleurll (Address)	C Rd.
Eagleville	PA 19403-3996 Code)
(City, State and Zip C	Code)
For further information concerning the	is matter, please call:
(Name of Contact Person)	at (610) 631 0600 Ext 5337 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount:
S52.50 Filing Fee S61.25 Filing and Certificate Status	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

CBPC Partners
(Name of foreign limited partnership or limited liability limited partnership)
B03060600326
(Florida Document Number of the Foreign LP or LLLP)
Pennsy Leavia (Jurisdiction of formation)
· · · · · · · · · · · · · · · · · · ·
9/20/2003
(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: 10/31/2021. (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Typed or printed name:

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

Certificate of Status (optional):