

BO4000000088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

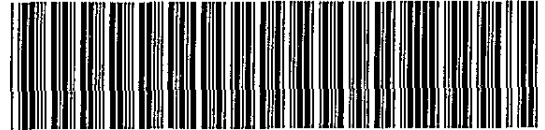
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kelson Industrial Service Co., Ltd.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B04000000088

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

Please return all correspondence concerning this matter to the following:

Jeff Dickerson
(Name of Person)

Branscomb PC
(Firm/Company)

802 N. Cananahua, Suite 1900
(Address)

Corpus Christi, Texas 78470
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheryl Mann at (361) 888-9261
(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
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

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**CERTIFICATE OF CANCELLATION
FOR**

Kelson Industrial Service Co., Ltd.

(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)

Kelson Management, Inc. By: Jeff Dickerson,
(Typed or Printed name of General Partner Signing Above)
Assistant Vice President

STATE OF TEXAS

COUNTY OF NUECES

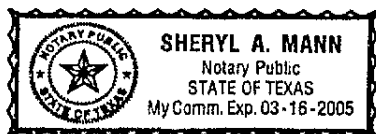
On this 18th day of February, 2005,
personally appeared before me,

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Notary Public Signature



Sheryl A. Mann

Notary's Printed Name

Seal

My Commission Expires: 3/16/05