

B04000000171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

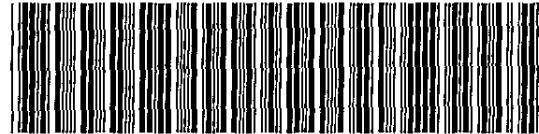
(Document Number)

Certified Copies _____ Certificates of Status _____

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- Office Use Only

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CC 52.50



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09/27/04--01006--020 **105.00

09/27/04
10:00 AM
10:00 AM
10:00 AM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RS PARTNERS, LP

(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B04000000171

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

Please return all correspondence concerning this matter to the following:

Shelley Kaye

(Name of Person)

Greenberg Traurig, P.A.

(Firm/Company)

5100 Town Center Circle

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley Kaye

(Name of Person)

at (561) 995 7618

(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:

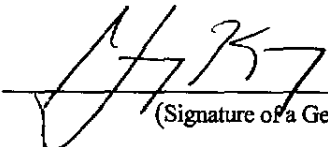
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

RS PARTNERS, 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.


(Signature of a General Partner)

Gary L. Kay

(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

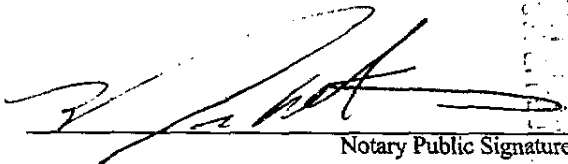
COUNTY OF PALM BEACH

On this 17 day of September, 2004,
personally appeared before me,

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



Michael W. Kirshon
Commission #DD275002
Expires: Jan 24, 2008
Bonded Thru
Atlantic Bonding Co., Inc.


Notary Public Signature

Michael W. Kirshon
Notary's Printed Name

Seal

My Commission Expires: 1/24/08