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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BOY-360  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPINE CAPITAL LP

(Name of Limited Partnership)

**FLORIDA REGISTRATION NUMBER:** B04000000360

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

Please return all correspondence concerning this matter to the following:

MELINDA SHUMAKER

(Name of Person)

HIRST FUND MANAGEMENT LLC

(Firm/Company)

100 COLONIAL CENTER PKWY, STE. 140

(Address)

LAKE MARY, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

MELINDA SHUMAKER

(Name of Person)

at ( 407 )

805-0800

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**


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

**CERTIFICATE OF CANCELLATION  
FOR**

ALPINE CAPITAL 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)

MELINDA SHUMAKER FBO HIRST FUND MANAGEMENT LLC  
(Typed or Printed name of General Partner Signing Above)

STATE OF

COUNTY OF

On this 28TH day of NOVEMBER  
personally appeared before me,

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

MELINDA SHUMAKER

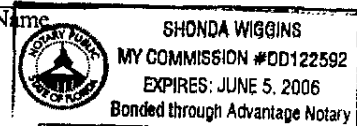
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NOV 30 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

  
Notary Public Signature

SHONDA WIGGINS

Notary's Printed Name



Seal

My Commission Expires: \_\_\_\_\_