

B04000000388

2005 APR 19 P 12:08

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

7:05 APR 19 P 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: VIRTUOSO FUND AL, LP

(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B04000000388

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 INVESTMENT MANAGEMENT, INC.

(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)

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

FILED


2005 APR 19 P 12:08

VIRTUOSO FUND AL, LP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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, COO OF GENERAL PARTNER
(Typed or Printed name of General Partner Signing Above)

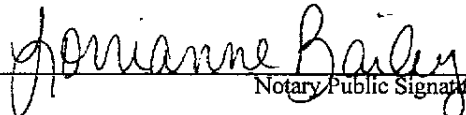
STATE OF

COUNTY OF

On this FIRST day of APRIL, 2005,
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


Notary Public Signature

LORRIANNE BAILEY

Notary's Printed Name

Seal

My Commission Expires:

