1704 000000757

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Operation in a factor of a fining officer.				

Office Use Only



400265144364

10/14/14--01013--012 **52.50



J. Shivere OCT 1 6 2007

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 72	RY ENTERI	PRISES, A CALIF nip or Limited Liability Lin	COLNIA LIMITED	PARTNER
(Name o	f Foreign Limited Partnersh	nip or Limited Liability Lim	nited Partnership)	
The enclosed Notic	e of Cancellation and	fee(s) are submitted for	r filing.	
Please return all co	rrespondence concerni	ng this matter to:		
Jos	E L RODRIG	-VEZ		
	(Contact Person)			
-	(Firm/Company)			
544 W	MANCHESTE	e BLOD. # ZO.	5	
	(Address)	-		
INGL	EWOOD CA	90301		
	EWOOD CA (City, State and Zip Code))		
For further informa	tion concerning this m	atter, please call:		
	_	-	418 0011-	
(Name of Contact Person)		at () (Area Code and I	Daytime Telephone Numb	рег)
			•	,
Enclosed is a check	c for the following amo	ount:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy		,
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee	, FL 32314	
Tallahassee, FL 32301				

NOTICE OF CANCELLATION FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TERY ENTER PRISES A	CALIFORNIA LIMITED PARTNERSHIT
(Name of limited partnership	or limited liability limited partnership)
LOS ANGELES	tion of formation)
(**************************************	tion of formation,
9/10/	2004
(Date authorized to	transact business in Florida)
•	d liability limited partnership is no longer s to cancel its certificate of authority pursuant to
This entity appoints the Florida Departmerights of action arising out of the transact	ent of State as its agent for service of process for ion of business in this state.
Effective date, if other than the date of fill (Effective date cannot be prior to nor more than 9 Department of State.)	ling: 90 days after the date this document is filed by the Florida
Signature of a general partner; Polys	TS OF CALIFOLNIA SEE THE
Typed or printed name: THE LUIS ROBRIGUE	
Filing Fee: \$52 Certified Copy (optional): \$52	50 \(\overline{\overline