

BO500000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

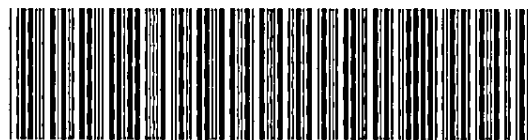
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400320652904

11/13/18--01029--025 **43.75

12/21/18--01006--001 **8.75

FILED
2018 NOV 13 PM 2:30
FALL ARIZONA

D. BRUCE
JAN 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IndemCo LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Roxanne Jimenez

(Contact Person)

IndemCo LP

(Firm/Company)

777 Post Oak Blvd., Ste 330

(Address)

Houston, TX 77056

(City, State and Zip Code)

For further information concerning this matter, please call:

Roxanne Jimenez

(Name of Contact Person)

at (713) 355-3100 x1311
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

* A-check for \$43.75 was received previously, confirmed with C. McNair that
only the difference of \$8.75 to complete the full \$52.50 was needed.
Check No. 10480 Dated Nov. 8th 2018

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

IndemCo LP

(Name of foreign limited partnership or limited liability limited partnership)

B05000000001

(Florida Document Number of the Foreign LP or L.L.L.P.)

Texas

(Jurisdiction of formation)

December 30, 2004

(Date authorized to transact business in Florida)

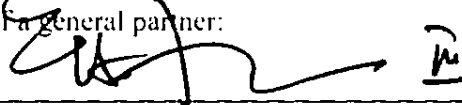
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

Edwin H. Frank, III

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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2018 NOV 13 PM 2:30
FLORIDA DEPARTMENT OF STATE