## 

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000096951800

04/19/07--01021--024 \*\*52.50

DIVISION OF CURTON

MWCSTL.P.	R LETTER	
TO: Registration Section Division of Corporations	ų.	
SUBJECT: M WC 57 L (Name of Foreign Limited Partnership	or Limited Liability Lim	nited Partnership)
The enclosed Notice of Cancellation and fe	e(s) are submitted for	filing.
Please return all correspondence concerning	g this matter to:	
DAVID Wood.		01 01
MWC 57 L.P.		APR I
DAVID WOOD  (Contact Person)  MWC ST L. P.  (Firm/Company)  15228 Krofs Lan	rding	OT APR 19 PH 2: 4
Fort Myllo, Ff. 3	3908	2: 41
(City, State and Zip Code)		· ·
For further information concerning this mat	tter, please call:	. 0
DAVID WOOD	_at ( 239 )	470-6810
(Name of Contact Person)	(Area Code and E	Paytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$52.50 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	MAILING Registration Division of P. O. Box 63 Tallahassee,	Section Corporations 327
Tallahassee, FL 32301		

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

MWC 57 L.D.	
(Name of limited partnership or limited li	ability limited partnership)
NEVADA	
(Jurisdiction of forms	tion)
1/13/05	
(Date authorized to transact bus	iness in Florida)
This foreign limited partnership or limited liability transacting business in Florida and wishes to cancel s. 620.1907, F.S.	
This entity appoints the Florida Department of State rights of action arising out of the transaction of business.	•
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after Department of State.)	the date this document is filed by the Florida
Signature of a general partner:  Low E Wrook G. P.	SECRETARY BIVISION OF CO
Typed or printed name: DAVIDE WOOD	19 PH 2: 4
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	- Tooks