B05000000305

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COVER LETTER

10:	Division of Co						
SUBJ	_{ECT:} Kann	er Road, LP					
SODO		oreign Limited Partnershi	p or Limited Liabili	ty Limite	d Partnership	p)	_
The en	nclosed Notice	of Cancellation and fe	ee(s) are submitte	ed for fi	ling.		
Please	return all corre	espondence concernin	g this matter to:				
Mic	helle Sch	aefer		;			
		(Contact Person)		-			
Kanr	ner Road, Lf	oʻ.					
		(Firm/Company)		.			
265	55 Richm	nond Road				23	
		(Address)		-		15 o	279
Bed	Iford Heig	ihts, OH 441	46		7	MIS OCT 30 F	
	(0	City, State and Zip Code)		-		1555 30 1555 30	1
						D # OF	l,
For fu	rther information	on concerning this ma	tter, please call:			109 14.5 14.5	ว
Mic	helle Sch	aefer	_ _{at (} 216	223	3-5226	Siri i	Ξ
	(Name of Conta	ct Person)		and Day	ytime Teleph	one Number)	_
Enclos	sed is a check for	or the following amou	ınt:				
■ \$52	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Con		\$113.75 Certified Co	• •	
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					

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

Kanner Road, L	.P	
B05000000	ame of limited partnership or limited liability limited partnership) 305	
	(Florida Document Number of the Foreign LLP or LLLP)	
Ohio		
	(Jurisdiction of formation)	
July 8, 2015	5	
	(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: 10/26/2015

(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:

Ć

Greg Abrams

Filing Fee: \$
Certified Copy (optional): \$

Certificate of Status (optional):

\$52.50 \$52.50

\$8.75