## B°05000000496

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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A. LUNT

MAY 30 2008

EXAMINE



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## **COVER LETTER**

TO: Registration Division of 6							
SUBJECT:	Foreign Limited Partnersh	LOPMENT TV ip of Limited Liability Lim	NO, L, P, ited Partnership)				
The enclosed Notice of Cancellation and fee(s) are submitted for filing.							
Please return all cor	respondence concernit	ng this matter to:					
Mich McCa 4125 Alphare	(Contact Person)  Homes (Firm/Company)  Old Milton (Address)  Ota Garage  (City, State and Zip Code)	У Inc. Ркшу. 30005	2000 MAY 29 P 3: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
For further information concerning this matter, please call:							
Michel (Name of Con	le Kelley  Jact Person)	at ( 770 ) (Area Code and D	206-9100 Paytime Telephone Number)				
Enclosed is a check	for the following amo	unt:					
\$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 Corpora Clifton Building 2661 Executive Cen	tions	MAILING Registration Division of G P. O. Box 63 Tallahassee,	Section Corporations 327				

Tallahassee, FL 32301

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

(Name of limited par	(elopment tnershiplor limited liab	pility limited partnership)	<i></i>	
Na	On County Jurisdiction of format Overhoer I prized to transact busin	5,2005		
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.				
This entity appoints the Florida Derights of action arising out of the tr	-	_	of process for	
Effective date, if other than the dat (Effective date cannot be prior to nor more Department of State.)		March 8, 2 he date this document is fil	008. led by the Florida	
Signature of a general partner:			ZOOD MAY SECRET	
Typed or printed name:			MAY 29 P RETARY OF S WASSEE, FL	F
Wenay Yuason	050.50		3 3 STATE ORIDI	Ö
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		CO	

\$8.75

Certificate of Status (optional):