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ACCOUNT NO. : I2000000195 REFERENCE : 444263 4306525 AUTHORIZATION : ( COST LIMIT : ORDER DATE: December 30, 2014 ORDER TIME : 3:39 PM ORDER NO. : 444263-005 CUSTOMER NO: 4306525 FOREIGN FILINGS NAME: LASER PARTNERS I, L.P. CORPORATE
LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## COVER LETTER

| •                                     | ation Section<br>n of Corporations                 |  |   |
|---------------------------------------|--|--|---|
| SUBJECT. L                            | ASER PARTNERS I,                                   | L.P.                                     |   |
|                                       | ne of Foreign Limited Partnersh                    |  | Limited Partnership)  |
| The enclosed N                        | otice of Cancellation and f                        | ee(s) are submitted                      | for filing.   |
| Please return al                      | l correspondence concerni                          | ng this matter to:                       |   |
| PETER VIS                             | ALLI   |  |   |
|                                       | (Contact Person)                                   |  |   |
| SILLS CUM                             | MIS & GROSS, PC                                    |  |   |
|                                       | (Firm/Company)                                     |  |   |
| ONE RIVER                             | RFRONT PLAZA                                       |  |   |
|                                       | (Address)  |  |   |
| NEWARK, N                             | NJ 07102   |  |   |
| · · · · · · · · · · · · · · · · · · · | (City, State and Zip Code)                         |  |   |
| For further info                      | rmation concerning this ma                         | atter, please call:                      |   |
| PETER VIS                             | ALLI   | at ( 973 )643-4386                       |   |
| (Name of                              | Contact Person)                                    |  | nd Daytime Telephone Number)  |
| Enclosed is a ch                      | neck for the following amo                         | unt:                                     |   |
| \$52.50 Filing Fe                     | \$61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing Fe<br>and Certified Copy | ce \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADD                            | RESS:  | MAILIN                                   | G ADDRESS:  |
|                                       | istration Section Registration Section             |  |   |
| Division of Cor                       |  | Division of Corporations P. O. Box 6327  |   |
| Clifton Building<br>2661 Executive    |  | Tallahassee, FL 32314                    |   |
| Tallahassee, FL                       |  |  | •   |

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

TALLAHASSEE, FLORIDA

| LASER PARTNERS I, L.P.   |
|--|
| (Name of limited partnership or limited liability limited partnership)   |
| DELAWARE   |
| (Jurisdiction of formation)  |
| 05/05/2006   |
| (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.)                  |
| Signature of a general partner:  |
| Typed or printed name:   |
| ERIC WEISMAN MANAGER   |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50   |

\$8.75

Certificate of Status (optional):