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(Re	equestor's Name)			
(Address)				
(Address)				
(0)	- (C)	40		
(Cit	ty/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



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12 JAN 23 AN 10: 24
SECRETARY OF STATE
AN ANASSEE, FLORIDA

N. Outhbran JAN 24 2012

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: JAM	ESTOWN I-Drive	e LP		
	Foreign Limited Partnersh		lity Limi	ted Partnership)
The enclosed Notic	e of Cancellation and	fee(s) are submit	ted for	filing.
Please return all con	rrespondence concerni	ng this matter to	:	
Wendy Cham			_	
	(Contact Person)			
JAMESTOWN				
	(Firm/Company)			
3625 Cumber	land Blvd., 12th l	Floor	_	
	(Address)			
Atlanta, GA 30	0339			
	(City, State and Zip Code)		_	
For further informa	tion concerning this m	atter, please call	:	
Wendy Chambers		at (770)805	5-1017
(Name of Contact Person)			le and Da	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:		
▼ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filin and Certified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	SS:	MAII	LING A	ADDRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32		i utiai	,	11 <i>00</i> 11
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FILED

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR

12 JAN 23 AM 10: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY LIMITED PARTNERSHIP

JAMESTOWN I-Drive LP	
(Name of limited part	nership or limited liability limited partnership)
Delaware	
(1	Jurisdiction of formation)
April 27, 2007	
(Date author	rized to transact business in Florida)
• • • • •	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Derights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: e than 90 days after the date this document is filed by the Florida
Signature of a general partner:	
Typed or printed name:	
Matt Bronfman	
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75