| (Requestor's Name) | |
|---------------------------------------|--------------------------|
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| (Address) (City/State/Zip/Phone #) | |
| | 10/25/1701003017 **52.50 |
| (Business Entity Name) | |
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| ed Copies Certificates of Status | |
| cial Instructions to Filing Officer: | |
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: MONGIOVI + Son Plumbing LP (Name of Fordign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Simchark (Contact Person) Mongious & Son Plumbing LP (Firm/Company) 190 Bilmar Drive (Address) Pittsburgh, PA 15205 (City, State and Zip Code)

For further information concerning this matter, please call:

Thomas Simchak at (412) 922 - 6700 (Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee and Certificate of Status

\$105.00 Filing Fee and Certified Copy

S113.75 Filing Fee, Certified Copy, and Certificate of Status

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

| NOTIC | CE OF CANCELLATION | |
|---|---|--------------|
| FOR FOREIGN LIMITED PARTNERSHIP | | |
| | OR | |
| LIMITED LIAB | BILITY LIMITED PARTNERSHIP | |
| Mangini & S | Oliver here i O | |
| (Name of foreign limit | ON Plumbing LP ited partnership or limited liability limited partnership) | ļ |
| CF.057.0 | | |
| (Florida Docume | ent Number of the Foreign LP or LLLP) | - |
| Pittsk | burgh, PA 15205 (Jurisdiction of formation) | |
| | | - |
| JANUAI | ry 2008 | |
| | prized to transact business in Florida) | - |
| rights of action arising out of the tr | epartment of State as its agent for service of process fo ransaction of business in this state. | |
| Effective date, if other than the dat | te of filing: 10/20/2017 | |
| (Effective date cannot be prior to nor mor | te of filing: $\frac{10}{20}\frac{2017}{2017}$. re than 90 days after the date this document is filed by the Florid | la |
| Department of State.) | | |
| NOTE: If the date inserted in this | block does not meet the applicable statutory filing | |
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| NOTE: If the date inserted in this requirements, this date will not be Department of State's records. Signature of a general partner: | •• • • | |
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