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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Division of C			
SUBJECT:(Name of	457LE ROC Foreign Limited Partnersh	K FVTVRE) hip or Limited Liability Lim	FUND, L, I ited Partnership)
The enclosed Notice	of Cancellation and f	fee(s) are submitted for	filing.
Please return all corn	espondence concerni	ng this matter to:	
LARRY	(Contact Person)	K	
CASTLER	OCK FUTUR	ES FUAL,	L. P.
1925 0	(Firm/Company) VERVIEW A	BRIVE	
CASTLE	(Address) ROCK CO City, State and Zip Code)	20104	
(City, State and Zip Code)		
For further informati	on concerning this m	atter, please call:	
LARRY CON	YSTOCK	at (720) 7 (Area Code and D	733-8100
(Name of Cont	act Person)	(Area Code and D	aytime 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 ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

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

CASTLE ROCK FUTURES FUND, L.A.		
(Name of limited partnership or limited liability limited partnership)		
COLORABO		
(Jurisdiction of formation)		
DECEMBER 28, 2007		
(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 pursuants. 620.1907, F.S. This entity appoints the Florida Department of State as its agent for service of process 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 Flor Department of State.)	for	
Signature of a general partner:	10	IAID IS
Typed or printed name:	O JAN	SCR
LARRY D. COMSTOCK	N 20	4 P. X.
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	0 PH12: (RY OF SIG