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K.BALY EXAMINER APR 2 2012

#### **COVER LETTER**

TO:	Registration of	Section Corporations			
SUBJ	ECT: PIP	ANHANDLE CAI	PITAL INN, L	P.	
	(Name o	f Foreign Limited Partnersh	nip or Limited Liabil	lity Limited Partnership)	
The e	nclosed Notic	e of Cancellation and	fee(s) are submit	ted for filing.	
Please	e return all co	rrespondence concerni	ng this matter to:		
VIP	ULA YALA	MANCHILI			
		(Contact Person)			
PI PANHANDLE CAPITAL INN, L.P.					
		(Firm/Company)			
610	N. SANTA	A ANITA AVE.			
		(Address)			
ARC	CADIA, CA	N 91006			
		(City, State and Zip Code)	1	_	
For further information concerning this matter, please call:					
VIPULA YALAMANCHILI			at ( 626	<sub>)</sub> 321-4810	
	(Name of Cor	itact Person)	(Area Cod	e and Daytime Telephone Number)	
Enclo	sed is a check	for the following amo	ount:		
\$52.:	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co		
STREET ADDRESS:			MAILING 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 32301				GOODY, ILI JAJIT	

FILED.

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#### SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

PI PANHANDLE CAPITA	L INN, L.P.
(Name of limited part	nership or limited liability limited partnership)
CALIFORNIA	
(.	Jurisdiction of formation)
3/4/2008	
(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 De rights of action arising out of the tr	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: 3/31/12.  e than 90 days after the date this document is filed by the Florida.
Signature of a general partner:	
Typed or printed name:	
VIPULA YALAMANCHILI	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75