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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

## DISS/TERM/CANCEL/REV OF LP/LLP DB FIVE GRILL, L.P.

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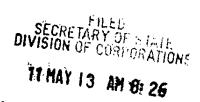
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5/13/2011

## COVER LETTER

| TO: Registration Division of              | Section<br>Corporations                           |  |  |  |
|---|---|--|--|--|
| SUBJECT: DB F                             | ive Grill, L.P.                                   |  |  |  |
| (Name of                                  | Foreign Limited Partnersl                         | nip or Limited Liability Lim             | ited Partnership)  |  |
| The enclosed Notice                       | e of Cancellation and                             | fee(s) are submitted for                 | filing.  |  |
| Please return all cor                     | respondence concerni                              | ng this matter to:                       |  |  |
|   |   |  |  |  |
| <del>-</del>                              |   |  |  |  |
|   | (Contact Person)                                  |  |  |  |
|   | (Firm/Company)                                    |  |  |  |
|   |   |  |  |  |
|   | (Address)   |  |  |  |
|   |   |  |  |  |
|   | (City, State and Zip Code)                        |  |  |  |
| For further information                   | tion concerning this m                            | atter, please call:                      |  |  |
|   |   | at (                                     |  |  |
| (Name of Con                              | tact Person)                                      | (Area Code and D                         | aytime Telephone Number)   |  |
| Enclosed is a check                       | for the following amo                             | unt:                                     |  |  |
| \$52.50 Filing Fee                        | S61.25 Filing Fee<br>and Certificate of<br>Status | S105.00 Filing Fee<br>and Certified Copy | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |
| STREET ADDRES                             |   | MAILING A                                |  |  |
| Registration Section                      |   |  | Registration Section   |  |
| Division of Corporations Clifton Building |   |  | Division of Corporations P. O. Box 6327                              |  |
| 2661 Executive Center Circle              |   | Tallahassee,                             |  |  |
| Tallohassee EL 321                        |   |  |  |  |



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

| Ε  | DB Five Grill, L.P.  |
|--|--|
| (Name of limited parts   | nership or limited liability limited partnership)  |
|  | Texas  |
| (J   | urisdiction of formation)  |
| De   | ecember 5, 2008  |
| (Date author   | rized to transaut business in Florida)   |
|  | limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to |
| This entity appoints the Florida Deprights 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:   |  |
| Mitzi Patin, Treasurer of Northea  | ast Department Stores GP, Inc.   |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):                           | \$52.50<br>\$52.50<br>\$8.75   |