B0400000052

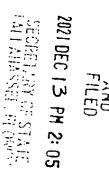
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;
_22222

Office Use Only



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COVER LETTER

TO: Registration S Division of C				
,	•	1.111	4 -1	
SUBJECT:	quist family	ip or Limited Pari	NORTH	
(Name of I	Greign Limited Partnersh	ip or Limited Liability Lim	ited Parthership)	
The enclosed Notice	of Cancellation and fo	ee(s) are submitted for	filing.	
Please return all corr	espondence concernir	ig this matter to:		
Tho	Mas Shogula (Contact Person)	ist.		
	(Contact Person)			
	(Firm/Company)			
327	Santsago Dos	<i>iv</i> e		
1 lister	San Nago Dos (Address) Park FL 3 City, State and Zip Code)	27789		
WITTO	City State and Zin Code	701		
(only, state and Zip Code)			
For further information	on concerning this ma	atter, please call:		
_ Thomas	Shoguist	at (467) 4	T6-4455 Paytime Telephone Number)	
(Name of Conta	ct Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a check f	or the following amou	int:		
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	Certified Copy, and Certificate of Status	
Mailing Address:		Street Addr	_	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee			•	
Tallahassee, FL 3231	4	2415 N. Moi Tallahassee,	nroe Street, Suite 810 FL 32303	

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

Shoguist Family Limited Partnership (Name of foreign limited partnership or limited liability limited partnership)	0
(Name of foreign limited partnership or limited liability limited partner	rship)
B0900000052	
(Florida Document Number of the Foreign LP or LLLP)	
Georgia	
(Jurisdiction of formation)	
(Date authorized to transact business in Florida)	
(Date authorized to transact business in Florida)	
This foreign limited partnership or limited liability limited partnership is transacting business in Florida and wishes to cancel its certificate of autis, 620,1907, F.S.	
This entity appoints the Florida Department of State as its agent for servights of action arising out of the transaction of business in this state.	ice of process for
Effective date, if other than the date of filing: \(\begin{align*} 1 & \lambda \end{align*} \) (Effective date cannot be prior to nor more than 90 days after the date this document is Department of State.)	s filed by the Florida
NOTE: If the date inserted in this block does not meet the applicable st requirements, this date will not be listed as the document's effective date Department of State's records.	• =
Signature of a wheral partner: Moral J. Morgans	20 24
Typed or printed name: Thomas L. Shoquist	APPR FILI 21 DEC 1/3 CRE FARY LAHASSEL
Filing Fee: \$52.50	PH 2
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	5