## B100000000049

(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:					
NAY 1 2 2014					
A. LUNT					

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2014 MAY -1 PM 5: 93

## COVER LETTER

<b>TO:</b> Registration Division of	Section Corporations			
SUBJECT: Tri C	on Works, L.P.			
(Name of	Foreign Limited Partnersh	nip or Limited Liabilit	y Limited Partr	nership)
The enclosed Notic	e of Cancellation and	fee(s) are submitte	d for filing.	
Please return all con	rrespondence concerni	ng this matter to:		
Sarah H. Smith	1			
	(Contact Person)		•	
Tri Con Works,	LLC			
	(Firm/Company)		•	
1211 Hollywood St.				<b>701</b>
(Address)			•	
Houston, TX 77	7015			
(City, State and Zip Code)				\$\$\frac{1}{2} \tag{-1}
	(Ony, Duite and Esp essue)			
For further informa	tion concerning this m	atter, please call:		DINHAY -1 PM 5: 8 BECKE ARY OF SIAH ALLAHASSEE, FLORE
Sarah H. Smith		<sub>at (</sub> 713	453-8654	1 % C & C & C & C & C & C & C & C & C & C
(Name of Con	tact Person)	<del>_ `</del>	and Daytime T	elephone Number)
Enclosed 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 Cop	y Certif	3.75 Filing Fee, ied Copy, and icate of Status
STREET ADDRESS:		MAIL	ING ADDRI	ESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		tions
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallaha	ssee, FL 32.	314
Tallahassee, FL 32	<b>3</b> 01			

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

Tri Con Works, L.P.	
(Name of limited partr	nership or limited liability limited partnership)
Texas	
(1	urisdiction of formation)
March 12, 2010	
(Date author	rized to transact business in Florida)
	limited liability limited partnership is no longer wishes to cancel its certificate of authority parsuant
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	الري أحمين
Signature of a general partner.	
Typed or printed name:	
Gary W. Smith for Mars Div	versified
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75