

Electronic Filing Menu

Corporate Filing Menu



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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: DNB, L.P. D/B/A DAB EQUITIES, L.P.

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert W. Flynn

(Contact Person)

DNB, Inc.

(Firm/Company)

c/o Andersen Tax, 222 W. Adams St., #2250

(Address)

Chicago, IL 60606 (City, State and Zip Code)

For further information concerning this matter, please call:

Jonathan Motto

(Name of Contact Person)

at (312) 984-2003 (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

S52.50 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

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STREET ADDRESS:

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

DNB, L.P. D/B/A DAB EQUITIES, L.P.

(Name of foreign limited partnership or limited liability limited partnership)

B1100000062

(Florida Document Number of the Foreign LP or LLLP)

DE

(Jurisdiction of formation)

03/09/2011

(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 pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for 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 Florida Department of State.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner

Typed or printed name:

ROBERT W. FLYNN, PRES., DNB, Inc.

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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