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(F	Requestor's Name)	
A)	(ddress)	
A)	(ddress)	
(C	Dity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(Č	Ocument Number)	
ertified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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2024 JUH 24 AM 1:51 SECRETARY US STATE FALLAMASSEE, FL

- E

COVER LETTER

TO: Registration Section Division of Corporations	0 . 0
SUBJECT: Name of Foreign Limited Partnership	or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Paul WdSan (Contact Person)	·
Ste Daghin Share G	icle
Notoms Plonda (City, State and Zip Code)	34275
For further information concerning this mat (Name of Contact Person)	11(941)993 3508 P
Enclosed is a check for the following amou	(Area Code and Daytime Telephone Number)
(Mun) 25 Streetly S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee S113.75 Filing Fee Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

westones (Properly LP
(Name of foreign limited pa	artnership or limited liability limited partnership)
31100	30000143
(Florida Documer	n Number of the Foreign LP or LLLP)
(Ju	risdiction of formation)
7-20- 2011	
· <u> </u>	zed to transact business in Florida)
(issue manais	
This foreign limited partnership or litransacting business in Florida and ws. 620.1907. F.S.	imited liability limited partnership is no longer vishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deparights of action arising out of the trans	artment of State as its agent for service of process for insaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
NOTE: If the date inserted in this b requirements, this date will not be list Department of State's records.	block does not meet the applicable statutory filing 21 sted as the document's effective date on the STORY 1:59
Signature of a general partner:	The So
Typed or printed name:	
Paul Wilson	
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50 \$8.75
Certificate of Status (optional):	90. 10