

2012-05-04 09:27 TRIAD  
DIVISION OF CORPORATIONS

7702201943 >>

P 1/6  
Page 1 of 1

**B11000000186**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

2012 MAY -4 AM 8:09  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000123883 3)))



H120001238833A8C

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : TRIAD PROFESSIONAL SERVICES,  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAY -4 AM 10:10

RECEIVED

**DISS/TERM/CANCEL/REV OF LP/LLP  
COMVEST CAPITAL II PARTNERS, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**J. BRYAN**

MAY -7 2012

**EXAMINER**

2012-05-04 09:23 TRIAD

7702201943 >>

P 2/6



May 4, 2012

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: COMVEST CAPITAL II PARTNERS, L.P.  
REF: B11000000186

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

FAX Aud. #: H12000119335  
Letter Number: 012A00013432

FILED  
2012 MAY -4 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMVEST CAPITAL II PARTNERS, 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:

Sharon K. Gray

(Contact Person)

Triad Professional Services, LLC

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City, State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Contact Person)

at ( 770 ) 777-2091

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 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

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED  
2012 MAY -4 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H12000123883 3)))

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

COMVEST CAPITAL II PARTNERS, L.P.

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

09/30/2011

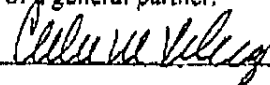
(Date authorized to transact business in Florida)

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.)

Signature of a general partner:



Typed or printed name:

Cecilio Rodriguez

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

FILED  
2012 MAY -4 AM 8:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

((H12000123883 3)))