

9/27/24, 2:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000329119 3)))



H240003291193ABC*

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

DISS/TERM/CANCEL/REV OF LP/LLP
AUTOZONE SOUTHEAST, L.P.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$52.50 |

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
SEP 30 PM 2:02

SEP 30

RECEIVED

2024 SEP 30 AM 10:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

PRINT

09/30/24

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

AUTOZONE SOUTHEAST, L.P.

(Name of limited partnership or limited liability limited partnership)

Nevada

(Jurisdiction of formation)

11/13/2014

(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:

/s/Priya Galante

Typed or printed name:

PRIYA GALANTE, GENERAL PARTNER

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

RECEIVED
SEP 27 2024
DEPT. OF STATE
TALLAHASSEE, FL