## 8500000313

| (Re                                     | equestor's Name)   | ·- · · · · · · · · · · · · · · · · · · |  |  |
|---|--------------------|--|--|--|
| (Ac                                     | ldress)            |  |  |  |
| (Ac                                     | ldress)            | · · · · · · · · · · · · · · · · · · ·  |  |  |
| (Cir                                    | ty/State/Zip/Phone | e #)                                   |  |  |
| PICK-UP                                 | WAIT               | MAIL                                   |  |  |
| (Bu                                     | usiness Entity Nar | me)                                    |  |  |
| (Document Number)                       |                    |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status                            |  |  |
| Special Instructions to Filing Officer: |                    |  |  |  |
|   |                    |  |  |  |
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TALLANASSEE, FLORIDA

D. SCOTT JAN 2 0 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |                                   |                     |            |
|--|---|-----------------------------------|---------------------|------------|
|  | y's Market Ex                                     |                                   |                     | )          |
| The enclosed Notice                                | of Cancellation and fe                            | e(s) are submitte                 | d for 'filing.      |            |
| Please return all corr                             | espondence concerning                             | g this matter to:                 |                     |            |
| Jason B Sha  | aron  |                                   |                     |            |
|  | (Contact Person)                                  |                                   |                     |            |
| Lucky's Market                                     | Expansion, GP, L                                  | LC                                |                     |            |
|  | (Firm/Company)                                    |                                   |                     |            |
| 6328 Monarch F                                     | Park Place, Suite                                 | !00                               |                     |            |
|  | (Address)   |                                   |                     |            |
| Niwot, CO 8  | 0503  |                                   |                     |            |
| (  | City, State and Zip Code)                         |                                   |                     |            |
|  |   |                                   |                     |            |
| For further informati                              | on concerning this ma                             | tter, please call:                |                     |            |
| Wendy L Pe   | trillo-Rundle                                     | <sub>at (</sub> 720               | 378-9177            |            |
| (Name of Conta                                     | act Person)                                       | (Area Code                        | and Daytime Telepho | ne Number) |
| Enclosed is a check                                | for the following amou                            | int:                              |                     |            |
| ■ \$52.50 Filing Fee                               | S61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing and Certified Cop |                     | py, and    |
| STREET ADDRES                                      | S:  | MAILI                             | NG ADDRESS:         |            |
| Registration Section                               |   | Registration Section              |                     |            |
| Division of Corporations                           |   | Division of Corporations          |                     |            |
| Clifton Building                                   |   | P. O. Box 6327                    |                     |            |
| 2661 Executive Center Circle Tallahassee, FL 32301 |   | Tallaha                           | ssee, FL 32314      |            |
| i alialiassee, FL 323                              | O I   |                                   |                     | 100 mg     |

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

| Lucky's Marke | t Expansion, LP   |
|---------------|---|
| B15000000     | Name of foreign limited partnership or limited liability limited partnership) |
|               | (Florida Document Number of the Foreign LP or LLLP)                           |
| Delaware      |   |
|               | (Jurisdiction of formation)   |
| 11/17/2015    | 5   |

(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: 01/11/2017

(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:

Jason B Sharon

Filing Fee: \$52.50 Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED M 1: 25