

B93000000525

Excel Boca Limited Partnership

Requestor's Name

6800 SW 40th St.

Address

PMB #349

City/State/Zip

Phone #

Miami - FL 33155-3708

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Excel Boca Limited Partnership

(Corporation Name)

(Document #)

2. B93000000525

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

00 MAY - 8 PM 2432

SECRETARY OF STATE
DIVISION OF CORPORATIONS

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-05/09/00-01021-005

****105.00 ****105.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**CERTIFICATE OF CANCELLATION
FOR**

Excel Boca Limited Partnership
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

(Signature of a General Partner)

Miguel F. Balais
Vice President

Excel Development Corporation

(Typed or Printed name of General Partner Signing Above)

STATE OF Florida

COUNTY OF Miami-Dade

On this 1st day of May, 19 2000, Miguel F. Balais
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

RECEIVED
DIVISION OF CANCELLATION
00 MAY -8 PM 2:32

Rosanne Wright

Notary Public Signature

Rosanne Wright

Notary's Printed Name

Seal

My Commission Expires: _____

ROSANNE WRIGHT
Notary Public - State of Florida
My Commission Expires Jan 24, 2003
Commission # CC804367