

B96000000 203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

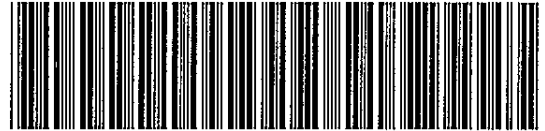
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferred Resort Main Gate, L. P.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B96000000203

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John L. Ray, Attorney At Law
(Name of Person)

John L. Ray, P.C.
(Firm/Company)

8523 Tee Cee, Suite 102
(Address)

San Antonio, Texas 78217
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

John L. Ray at (210) 828-3071
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

**CERTIFICATE OF CANCELLATION
FOR**

Preferred Resort Main Gate, L.P.

(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.

Preferred Resort Main Gate West, Inc.

Grant B. McPhail

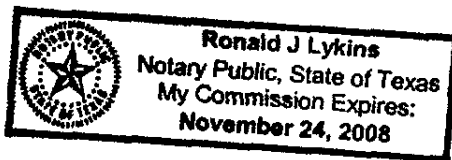
(Signature of a General Partner)

By: Grant B. McPhail, President, Director

(Typed or Printed name of General Partner Signing Above)

STATE OF TEXAS

COUNTY OF BEXAR



On this 27th day of December, 2008,
personally appeared before me,

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Ronald J. Lykins

Notary Public Signature

RONALD J. LYKINS

Notary's Printed Name

Seal

My Commission Expires: 11-24-08