

B96000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

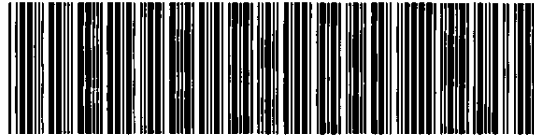
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000155814810

05/13/09--01014--014 **25.00

06/18/09--01001--012 **27.50

FILED

09 JUN 16 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2009

J. BRYAN

JUN 18 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2009

LISA DI BIASI
L M SANDLER AND SONS, INC.
448 VIKING DRIVE, SUITE 220
VIRGINIA BEACH, VA 23452

SUBJECT: ANDROS ISLE LIMITED PARTNERSHIP
Ref. Number: B96000000445

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ANDROS ISLE LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50. - *Florida Department of State*

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00016443

1623

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andros Isle Limited Partnership

(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:

Lisa Di Biasi

(Contact Person)

L M Sandler and Sons, Inc

(Firm/Company)

448 Viking Drive, Suite 220

(Address)

Virginia Beach VA 23452

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa Di Biasi

(Name of Contact Person)

at (757) 463-5000 ext 322

(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

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

Andros Isle Limited Partnership

(Name of limited partnership or limited liability limited partnership)

Virginia

(Jurisdiction of formation)

11/22/1996

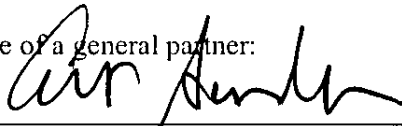
(Date authorized to transact business in Florida)

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:

Arthur B. Sandler

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA