

B97000000193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000022301910

08/14/03--01030--006 **175.00

FILED
2003 AUG 14 PM 2:32
DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 18 2003



SWERDLOW GROUP

FILED
2003 AUG 14 PM 2:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Theodore R. Stotzer
Executive Vice President and General Counsel
Direct: (954) 967-2820

August 8, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

VIA FEDERAL EXPRESS

RE: CERTIFICATES OF CANCELLATION FOR THREE (3) LIMITED PARTNERSHIPS

Dear Sir/Madam:

Enclosed are Certificates of Cancellation for two (2) limited partnerships, together with our company's check in the total amount of \$105.00, with \$52.50 representing each limited partnership as follows:

1. **BEACON TRADEPORT ASSOCIATES LIMITED PARTNERSHIP - \$52.50.**
2. **PORT EVERGLADES COMMERCE CENTER ASSOCIATES LIMITED PARTNERSHIP - \$52.50.**

I have also enclosed an extra copy of the Certificates of Cancellation for your also forwarding a stamped "Filed" copy of each to our office. Should you have any questions, please feel free to call. Your assistance is appreciated.

Sincerely,

SWERDLOW REAL ESTATE GROUP, LLC

Theodore R. Stotzer
Executive Vice President and General Counsel

TRS:cmo
Enclosures

CERTIFICATE OF CANCELLATION
FOR

BEACON TRADEPORT ASSOCIATES 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.

BEACON TRADEPORT ASSOCIATES LIMITED PARTNERSHIP

BY: SREG BEACON TRADEPORT, INC., its general partner

By:

(Signature of a General Partner)

Theodore R. Stotzer, Executive Vice President

(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF BROWARD

On this 8th day of August, 2003, Theodore R. Stotzer personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

Celeste M. Orlins
Notary Public Signature

Celeste M. Orlins

Notary's Printed Name

Seal

My Commission Expires: 8-24-2004



Celeste M. Orlins
MY COMMISSION # CC944765 EXPIRES
August 24, 2004
BONDED THRU TROY FAIR INSURANCE, INC.