

B97000000287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

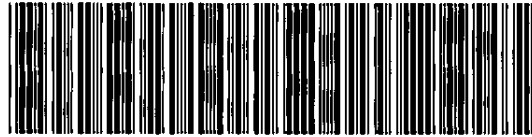
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09 JUN -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 MAY 28 2009

J. BRYAN

JUN - 9 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2009

KAROL BASEL, CO TRUSTEE
2893 E. SIERRA VISTA
TUCSON, AZ 85716

SUBJECT: THE BASEL FAMILY LIMITED PARTNERSHIP
Ref. Number: B97000000287

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE BASEL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 609A00017964

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Basel Family 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:

Karol Basel cotractor BFT
(Contact Person)

(Firm/Company)

2893 E. Sierra Vista
(Address)

Tucson AZ 85714
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karol Basel at (520) 403-6064
(Name of Contact Person) (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

you already
have the
check in
your
office.

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

Basel Family Limited Partnership
(Name of limited partnership or limited liability limited partnership)

Polk County, Fla
(Jurisdiction of formation)

7/1/96
(Date authorized to transact business in Florida)

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SECRETARY OF STATE
TALLAHASSEE, 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:

KL

Typed or printed name:

Karol Basel

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