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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP
LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
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ALLAHASSEE, FLORIDA

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MAY 20 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAMPE ENTERPRISES 1995 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:

FRAN BENSON
(Contact Person)
LAMPE MANAGEMENT COMPANY
(Firm/Company)
PO BOX 608
(Address)
SMITHFIELD, NC 27577
(City, State and Zip Code)

For further information concerning this matter, please call:

FRAN BENSON at (919) 934-3041 EXT 229
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
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|--|---|--|---|

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 19 AM 10:25

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

LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP

(Name of limited partnership or limited liability limited partnership)

NORTH CAROLINA

(Jurisdiction of formation)

MARCH 10, 1998

(Date authorized to transact business in Florida)

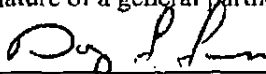
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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:

GUY L. LAMPE

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA