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S. HAWKES

OCT 2 9 2009

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Commerce Limited Partnership #9219-II (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: Jenny Guittar (Contact Person) Commerce Group, Inc. (Firm/Company) 1280 West Newport Center Drive (Address) Deerfield Beach, FL 33442 (City, State and Zip Code) For further information concerning this matter, please call: Jenny Guittar (Name of Contact Person) Enclosed is a check for the following amount: ☐ \$113.75 Filing Fee, **✓** \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee Certified Copy, and and Certificate of and Certified Copy Certificate of Status Status **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P. O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Commerce Limited Partnership #9219-II

Delaware	(Name of limited partnership or limited flability limited partnership)	SSEE H
	(Jurisdiction of formation)	OR E
April 7, 1998	3	79

(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.)

general partner:
By: Commerce GP, Inc., General Partner
By: William F. Ring, Vice President

Typed or printed name:

William F. Ring,

Filing Fee: Certified Copy (optional): \$52.50

\$52.50

Certificate of Status (optional):

\$8.75