

# B98000000413

*TWB Company*

Requestor's Name

*446 Fifth Ave. 37th Floor*

Address

*New York, NY 10103*

City/State/Zip

Phone #

100002651011--4

-09/29/98--01021--001

\*\*\*\*\*52.50 \*\*\*\*\*52.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP 29 PM 4: 6

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

*B98-413*

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	<i>[Signature]</i>
Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Verifier	<i>[Signature]</i>
Known/Unknown	<i>[Signature]</i>
Examiner's Initials	<i>[Signature]</i>

CERTIFICATE OF CANCELLATION  
FOR

TWB Company LP

(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.



(Signature of a General Partner)

HILDA FROST


(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF DADE

On this 25<sup>th</sup> day of September, 19 98,  
personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
Notary Public Signature

Andy Hui  
Notary's Printed Name

Seal

My Commission Expires: December 30, 1999

ANDY HUI  
Notary Public, State of New York  
No. 31-4990413  
Qualified in New York County  
Commission Expires December 30, 1999

FILED  
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DIVISION OF CORPORATIONS  
98 SEP 29 PM 4:16