

B990000000402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

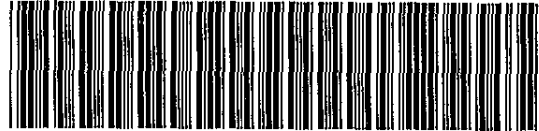
Certificates of Status _____

Special Instructions to Filing Officer:

5/14 cancel

B99-402

Office Use Only



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MJH

05 MAY 15 PM 3:18

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M/M VERO, LTD
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: DOCUMENT #B99000000402

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT M. DAVEY
(Name of Person)

MECOM GROUP, LLC
(Firm/Company)

2121 SAGE ROAD, SUITE 215
(Address)

HOUSTON, TX 77056
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT M. DAVEY at (713) 993-0225
(Name of Person) (Area Code & 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 &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

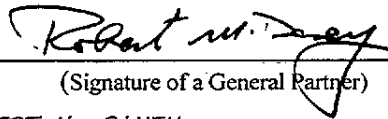
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

M/W VERO, LTD.

(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)

ROBERT M. DAVEY

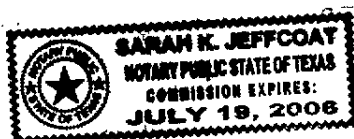
(Typed or Printed name of General Partner Signing Above)

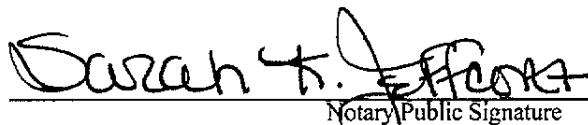
STATE OF TEXAS

COUNTY OF HARRIS

On this 10th day of May, 2005,
personally appeared before me,

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




Notary Public Signature

Sarah K. Jeffcoat
Notary's Printed Name

Seal

My Commission Expires

July 19, 2006

MAY 16 PM 3:18