

B99 000000 479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

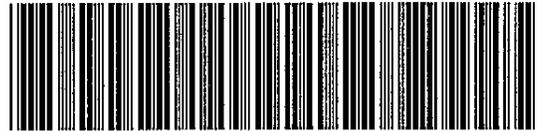
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/19/04--01034--018 \*\*52.50

**FILED**  
04 APR 19 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



April 14, 2004

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: STS Loan, LP – Certificate of Cancellation**

To Whom It May Concern:

Enclosed please find the following documents in connection with withdrawing STS Loan, LP from the State of Florida:

1. One original and two copies of the Certificate of Cancellation; and
2. A check in the amount of \$52.50 as payment for the required filing fee.

Please return to me a file-stamped copy of the Certificate of Cancellation in the enclosed, self-addressed envelope

Please feel free to call me at (404) 846-5012 if you have any questions.

Sincerely,

Linda D. Hart

Enclosures

04 APR 19 AM 8:43  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

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CERTIFICATE OF CANCELLATION  
FOR

STS LOAN, L.P.

(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.

By: Sherry W. Cohen, Exec.VP and Secretary

*Sherry W. Cohen*

(Signature of a General Partner)

STS LOAN & MANAGEMENT, INC.

(Typed or Printed name of General Partner Signing Above)

STATE OF

*Georgia*

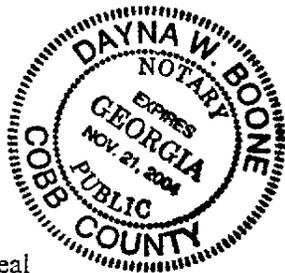
COUNTY OF

*Fulton*

On this 7th day of April, 2004, Sherry W. Cohen personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_



Seal

*Dayna W. Boone*  
Notary Public Signature

Notary's Printed Name

My Commission Expires: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 19 AM 8:18

FILED