

GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Partnership)

REGISTRATION NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

CANCELLATION OF PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following cancellation:

(Note: A cancellation of a partnership registration cannot be filed with the Florida Department of State unless the partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: _____

SECOND: The partnership was registered with the Florida Department of State on _____
and assigned registration number _____

THIRD: The purpose of this document is to cancel this partnership's registration.

FOURTH: Effective date, if other than the date of filing: _____.
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this _____ day of _____, _____

Signatures of a partner or authorized person: _____

Typed or printed name of person signing above: _____

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314