

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1999)

Filing Fee \$25

SUBMIT IN DUPLICATE!



Doc#: 0421041060
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 07/28/2004 10:12 AM Pg: 1 of 2

LPR307/20/04:01:2474: S05IL S018808 FILED 203 25.00 MU

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF CANCELLATION
OF THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1. Limited partnership's name: 2253 West Cullom Limited Partnership
2. File number assigned by the Secretary of State: S018808
3. Federal Employer Identification Number (F.E.I.N.): 641412059
4. The reason for filing this certificate of cancellation: property sold
5. This certificate of cancellation is effective on: (Check one)

(a) the filing date, or (b) another date **later** than but not more than 60 days subsequent to the filing date:

(month, day, year)
6. The post office address, **including county**, to which the Secretary of State may mail a copy of any process against the limited partnership that may be served on him or her is: Mary M. York, 4001 N. Wolcott Avenue, Chicago, IL
60613

UNOFFICIAL COPY

Form LP 203
(Rev. Jan. 1999)

LPR307/20/04:01:8474:
SOSIL 5018808 FILED 203

25.00 MU

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of cancellation must be signed by **all general partners**.

SIGNATURE AND NAME

1. Signature *Jane Limonciello*

2. Signature _____

Type or print name and title Jane Limonciello
resident

Type or print name and title _____

Name of General Partner if a corporation or other entity
JMcB Development Corporation

Name of General Partner if a corporation or other entity

3. Signature _____

4. Signature _____

Type or print name and title _____

Type or print name and title _____

Name of General Partner if a corporation or other entity

Name of General Partner if a corporation or other entity

5. Signature _____

6. Signature _____

Type or print name and title _____

Type or print name and title _____

Name of General Partner if a corporation or other entity

Name of General Partner if a corporation or other entity

(Signatures must be in **BLACK INK** on an original document
be used on conformed copies.)

Carbon copy, photocopy or rubber stamp signatures may only

FORMS OF PAYMENT:

Payment must be made by certified check,
cashier's check, Illinois attorney's check, Illinois
C.P.A.'s check or money order, payable to "Sec-
retary of State."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960
<http://www.sos.state.il.us>

