

UNOFFICIAL COPY

LP 203
(Rev. Jan 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Filing Fee \$25

SUBMIT IN DUPLICATE!

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

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.

OFFICE USE ONLY

0002166 08/20/92 15:41:00
0000039435 FILED

92619976

- Limited partnership's name: FAMILY GROUP ASSOCIATES
- File number assigned by the Secretary of State: C002166
- Federal Employer Identification Number (F.E.I.N.): 36-3157806
- The reason for filing this certificate of cancellation: PARTNERSHIP TERMINATED
- This certificate of cancellation is effective on: (Check one)
a) the file date, or
b) another date later than but not more than 60 days subsequent to the filing date. (month, day, year)
- 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:
TWO NORTH LASALLE STREET, SUITE 2410, CHICAGO, IL 60612 (COOK)
ATTN: LINDA GALLENBERGER


92619976

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. DEPT-01 RECORDING 923.50

T94444 TRAN 5402 08/20/92 15:41:00
89778 # * -92-6 19976
COOK COUNTY RECORDER

SIGNATURE AND NAME

1. 
(Signature)
LINDA GALLENBERGER, GENERAL PARTNER
(Type or print name and title)

3. _____
(Signature)

(Type or print name and title)

2. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

4. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

23³⁰
1/1

UNOFFICIAL COPY

5. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

6. _____
(Signature)

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

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 "Secretary of State."

DO NOT SEND CASH

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960



Linda Gallenberger
Family Group Associates
2 N. LaSalle, Suite ~~240~~ 2410
Chicago, IL 60602

0:06:07'S