

8/16/22, 2:39 PM

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONROY, CONROY & DURANT, P.A.
Account Number : I20190000025
Phone : (239)649-5200
Fax Number : (239)649-8140

DISS/TERM/CANCEL/REV OF LP/LLP

CAIVAN US, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

2022 AUG 16 PM 3:30

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SECRETARY OF STATE
TALLAHASSEE, FL 09110

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AUG 17 2022

K. Brumley

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Cainvan US, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

J. Thomas Conroy, III

(Contact Person)

Conroy, Conroy & Durant, P.A.

(Firm/Company)

2210 Vanderbilt Beach Road, Suite 1201

(Address)

Naples, FL 34109

(City, State and Zip Code)

For further information concerning this matter, please call:

Samantha MacLeod

at (239)

649-5200

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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CERTIFICATE OF DISSOLUTION FOR

Caivan US, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on February 8, 2016, assigned Florida document number A16000000078, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Ceased doing business

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

By: Caivan US GP, Inc., its General Partner

By: 
Troy Pefer Van Haastrecht, President

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

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