

BO20000000/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400381276804

02/08/22--01027--020 **52.50

APPROVED
AND
FILED
2022 FEB - 8 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FL 09107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THREE SEAS LIMITED PARTNERSHIP LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

KRISTIN FARFALLA
(Contact Person)

THREE SEAS LIMITED PARTNERSHIP LP
(Firm/Company)

201 HOOPER AVENUE, SUITE 5A
(Address)

TOMS RIVER NJ 08753
(City, State and Zip Code)

For further information concerning this matter, please call:

KRISTIN FARFALLA at (732) 349-0200
(Name of Contact Person) (Area Code and 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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

THREE SEAS LIMITED PARTNERSHIP LP

(Name of foreign limited partnership or limited liability limited partnership)

B02000000130

(Florida Document Number of the Foreign LP or LLLP)

DE

(Jurisdiction of formation)

4/15/2002

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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.

Signature of a general partner:

Kristin Farfalla

Typed or printed name:

KRISTIN FARFALLA

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

APPROVED
AND
FILED
2022 FEB - 8 PM 3:41
DEPT. OF STATE
TALLAHASSEE, FLORIDA