1305000000510

(Re	equestor's Name)			
(Ad	dress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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04/27/18--01019--017 **52.50



J. HARRIS

COVER LETTER

TO: Registration Division of C						
A1 11	•	DC L LD				
JOBS C 11	MNI PARTNE					
(Name of	Foreign Limited Partnershi	p or Limited Liabilit	y Limited Partnership)			
The enclosed Notice	of Cancellation and fe	ee(s) are submitte	d for filing.			
Please return all corr	espondence concernin	g this matter to:				
ERIC KOBR	EN					
	(Contact Person)					
KOBREN INSIG	SHT GROUP					
	(Firm/Company)					
2170 MAIN STREET, STE 202						
	(Address)		•			
SARASOTA	, FL 34237					
(City, State and Zip Code)					
For further information concerning this matter, please call:						
KEVIN KIEF	RNAN	_{at (} 941)388-7832 and Daytime Telephone Number)			
(Name of Cont	act 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 and Certified Cop				
STREET ADDRES	SS:	MAILI	ING ADDRESS:			
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL 323		i allalla	33CC, I L 32317			

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

ALUMINI PARTNERS I, LP			
(Name of foreign limits B05000000510	ed partnership or	limited liability limited parts	nership)
(Florida Documer	nt Number of the	Foreign LP or LLLP)	
DELAWARE			
(Ju	urisdiction of forr	nation)	
11/28/2005			
(Date authori	zed to transact bu	siness in Florida)	
This foreign limited partnership or I transacting business in Florida and vs. 620.1907, F.S.			
This entity appoints the Florida Deprights of action arising out of the tra	nsaction of bu	siness in this state.	e of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: 04/ than 90 days after	'30/2018 or the date this document is fi	iled by the Florida
NOTE: If the date inserted in this be requirements, this date will not be li Department of State's records.		4.4	
Signature of a general partner.			
- Sylon		_	
Typed or printed name:			
ERIC KOBREN, ALUMNI CAPITAL, M.	ANAGER		# 27 F
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		9: 9: