

B07 000000371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

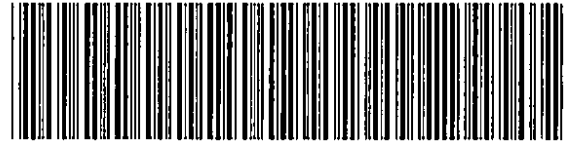
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/12/24--01014--004 \*\*25.00

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2024 DEC 10 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

M. SOLOMON  
DEC 11 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAKE VISTA CENTER, L.P.  
(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:

FRANK MAZZA  
(Contact Person)  
LAKE VISTA CENTER, L.P.  
(Firm/Company)  
6 Sherwood Ct  
(Address)  
Old Tappan, NJ 07675  
(City, State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

FRANK MAZZA at (201) 376-8872  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~\$52.50~~ Filing Fee  
27<sup>50</sup> AS per  
cover letter  
☐ \$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

**RECEIVED**  
**DEC 10 2024**

**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**

LAKE VISTA CENTER, L.P.

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

B07000000371

(Florida Document Number of the Foreign LP or LLLP)

Georgia

(Jurisdiction of formation)

12/14/07

(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.

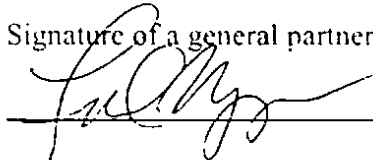
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: 12/1/2024

(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:



Typed or printed name:

FRANK MAZZA

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

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DEPT. OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2024

FRANK MAZZA  
VISTA CENTER  
6 SHERWOOD CT  
OLD TAPPAH, NJ 07675

SUBJECT: LAKE VISTA CENTER, L.P.  
Ref. Number: B07000000371

The form you submitted is for a Foreign LLP, but your entity is a Foreign LP.  
Please complete and return the enclosed blank form(s).

There is a fee of \$27.50 due.

If you have any questions concerning the filing of your document, please call  
(850) 245-6051.

Mel Solomon  
Operations Manager A

Letter Number: 124A00025594

**RECEIVED**

**DEC 10 2024**