B120000157

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<u> </u>
PICK-U	P	_
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
Special instruction	S to 1 ming Officer.	

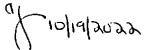
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: 120000000088

Date:	10/18/2022	
Name:	Greg Pintacuda	_
Reference #	#:1761043	_
		NATIVES PARTNERS, LP
Articl	les of Incorporation/Authorization	to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
☐ Conv	version	
☐ Merg	ger	
✓ Disso	olution/Withdrawal	
Fictit	ious Name	
Othe	r	
Authorized A	Amount: \$35 52	<u>50</u>
Signature: _	45776	

F: +852.2682,9790

NOTICE OF CANCELLATION 2022 COT 18 11 9: 09 FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

CATENARY AL	LTERNATIVES PARTNERS, LP
(Name of limited partn	nership or limited liability limited partnership)
	B12000000157
(Florida Document	nt Number of the Foreign LLP or LLLP)
	Delaware
(1	urisdiction of formation)
	7/18/2012
(Date author	ized to transact business in Florida)
	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: than 90 days after the date this document is filed by the Florida
	block does not meet the applicable statutory filing isted as the document's effective date on the
Signature of a general partner: Cate	nary Alternatives Partners GP, LLC
By: Mu W	
Typed or printed name:	
Eli Cohen	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75