

B12000000220

(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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03/24/17--01009--030 **25.00

04/18/17--01014--002 **27.50

17 APR 14 AM 10 22

FILED
SECRETARY OF STATE
CLERK OF SUPERIOR COURT

APR 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIEFTAIN PEMBROKE 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:

ALEJANDRO PAULA
(Contact Person)

CHIEFTAIN PEMBROKE LP
(Firm/Company)

300 SW 1 AVE SUITE 106
(Address)

FT. LAUDERDALE, FL 33301
(City, State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO PAULA at (954) 522-6556
(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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2017

ALEJANDRO PAULA
300 SW 1ST AVE SUITE 106
FT LAUDERDALE, FL 33301

SUBJECT: CHIEFTAIN PEMBROKE, LP
Ref. Number: B12000000220

We have received your document for CHIEFTAIN PEMBROKE, LP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 517A00005900

2017 APR 14 AM 10:01
FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
17 APR 14 AM 10:22

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

CHIEFTAIN PEMBROKE, LP

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

B12000000220

(Florida Document Number of the Foreign LP or LLLP)

DE

(Jurisdiction of formation)

9/26/2012

(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: _____

Typed or printed name: _____

DEV MOTIWANI

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

FILED
FOR DEPT OF STATE
17 APR 14 AM 10:22