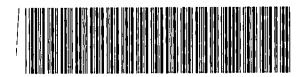
## B16000000101

(Re	equestor's Name)	
(Ac	idress)	<del></del>
(Ac	ddress)	`
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer		
		=
	Office Use Only	



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MISHORIM GOLD EAST (	DRLANDO L.P.
	or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and fed	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
VIVIANE GOLD	
(Contact Person)	
MISHORIM GOLD EAST ORLANDO L	P.
(Firm/Company)	<del></del>
3008 NE 210th STREET	
(Address)	
AVENTURA, FL 33180	
(City, State and Zip Code)	<del></del>
For further information concerning this matt	er, please call:
BARAK CARMON	407 \$ 610 4561
(Name of Contact Person)	at (407) 619-4561 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amoun	
SSS SSS Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy 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

MISHORIM GOLD EAST	ORLANDO L.P.	JAH 31
(Name of foreign limited B16000000101	partnership or limited liability limited partnership)	
(Florida Docur	nent Number of the Foreign LP or LLLP)	11
DELAWARE		
(	Jurisdiction of formation)	
MAY 17, 2016		
(Date author	rized to transact business in Florida)	
transacting business in Florida and s. 620.1907, F.S.	limited liability limited partnership is no lor wishes to cancel its certificate of authority p	pursuant to
This entity appoints the Florida De rights of action arising out of the tr	partment of State as its agent for service of partment of business in this state.	process for
Effective date, if other than the dat (Effective date cannot be prior to nor mor Department of State.)	e of filing: e than 90 days after the date this document is filed by	v the Florida
NOTE: If the date inserted in this requirements, this date will not be Department of State's records.	block does not meet the applicable statutory listed as the document's effective date on the	filing S
Signature of a general partner:	A	
Typed or printed name:		
	OLDSHTEIN, AUTHORIZED SIGNATORY AND REC	GISTERED AGENT
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	