

B17000 000207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

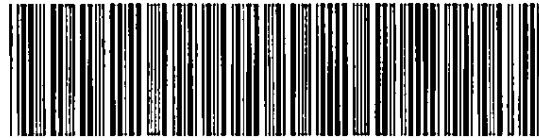
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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05/17/23--01016--005 **27.50

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FILED

2023 APR 24 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FL

Cancellation

MAY 16 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULISTIC, 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:

SHAUNA WORTINGER

(Contact Person)

SHAUNACPA ADVISORY GROUP

(Firm/Company)

PO BOX 8232

(Address)

SEBRING, FL 33872

(City, State and Zip Code)

For further information concerning this matter, please call:

SHAUNA WORTINGER at (863) 253-1819
(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

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 24 PM 4:40

FILED

April 11, 2023

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: ULISTIC, LP
Ref. Number: B17000000207

Responding to your letter dated March 9, 2023 that is enclosed for your reference. We have completed and signed the appropriate "Notice of Cancellation" along with a payment of \$27.50.

We had originally sent payment of \$25, and paying the difference of \$27.50 for the total filing fee of \$52.50.

Let me know if you need anything further.

A handwritten signature in black ink that reads "Shauna Wortinger". The signature is fluid and cursive, with a horizontal line extending from the end of the name.

Shauna Wortinger
863-253-1819



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2023

SHAUNA WORTINGER
SHAUNA CPA ADVISORY GROUP
PO BOX 8232
SEBRING, FL 33872

SUBJECT: ULISTIC LP
Ref. Number: B17000000207

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

The form you submitted is for a Limited Liability Company, but your entity is a Limited Partnership. 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 523A00005582

RECEIVED
APR 24 2023

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

ULISTIC, LP

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

B17000000207

(Florida Document Number of the Foreign LP or LLLP)

NEVADA

(Jurisdiction of formation)

08/28/2017

(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 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:

STUART CRAWFORD

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 24 PM 4:40

FILED