B18000000035

(Requestor's Name)
(Address)
(Address)
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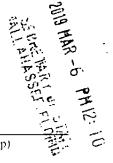


COVER LETTER

TO: Registration Division of	Section Corporations			THE SOLE
	ACTICIPAUT Foreign Limited Partnershi			<u> </u>
The enclosed Notic	re of Cancellation and for	ee(s) are submitted for	·	E:
06642	(Contact Person)			
PARAMOUN	(Firm/Company)	5		
1010 NE	240 AVENUE	<u> </u>		
MIAMI	FL 37132 (City, State and Zip Code)			
For further informa	ation concerning this ma	atter, please call:		
OSCA2	OSPIL 4	at (786) 3	63 - 900	
•	t for the following amou		,	,,
S52.50 Filing Fee - 25 - 27.50	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Fil Certified Copy Certificate of S	. and
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

Tallahassee, FL 32301

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



PARCIPANT CAPITAL INTL, LP	7) 25
(Name of foreign limited partnership or limited liability limited partnership)	7
B1800000035	
(Florida Document Number of the Foreign LP or LLLP)	
DELAWARE	
(Jurisdiction of formation)	-
FEBRUARY 13, 2018	
(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:

SERGIO MOISES

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