

B18000000035

(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:

3/6/19

Office Use Only



200324064392

03/08/19--01002--014 **27.50

02/07/19--01012--024 **25.00

2019 MAR -6 PM 12:10
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

2019 MAR -6 PM 12:10
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTICIPANT CAPITAL INT, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

2018 MAR - 6 PM 12:10
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

OSCAR OSPINA

(Contact Person)

PARAMOUNT RESIDENCES

(Firm/Company)

1010 NE 2ND AVENUE

(Address)

MIAMI, FL 33132

(City, State and Zip Code)

For further information concerning this matter, please call:

OSCAR OSPINA

(Name of Contact Person)

at (786) 363-9050

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

- 25
27.50

☐ \$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

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

2018 MAR -6 PM 12:10
RECEIVED
SOUTH FLORIDA
DEPARTMENT OF STATE

PARTICIPANT CAPITAL INTL, LP

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

B18000000035

(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