

B18000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

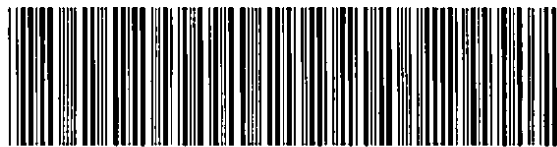
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2022 JUN 30 AM 10:56

Office Use Only



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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 JUN 30 AM 11:21

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J DENNIS  
JUL 01 2022

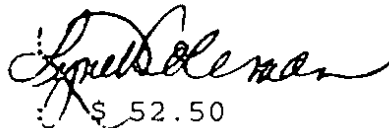
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 779094 8133117

AUTHORIZATION

COST LIMIT : \$ 52.50



ORDER DATE : June 29, 2022

ORDER TIME : 8:47 AM

ORDER NO. : 779094-005

CUSTOMER NO: 8133117

FOREIGN FILINGS

NAME: PARTICIPANT CAPITAL FUND I, LP

☐ CORPORATE  
☒ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARTICIPANT CAPITAL FUND I, 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:

Solangel M. Bello  
\_\_\_\_\_  
(Contact Person)  
Royal Palm Companies  
\_\_\_\_\_  
(Firm/Company)  
333 SE 2nd Ave., Suite 3000  
\_\_\_\_\_  
(Address)  
Miami, FL 33131  
\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Solangel M. Bello at ( 786 ) 292-1667  
\_\_\_\_\_  
(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

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

PARTICIPANT CAPITAL FUND I, LP

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

B18000000036

(Florida Document Number of the Foreign LP or LLLP)

DELAWARE

(Jurisdiction of formation)

February 8th, 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:

*Sergio Moises*

Typed or printed name:

SERGIO MOISES

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>