

B19000000213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

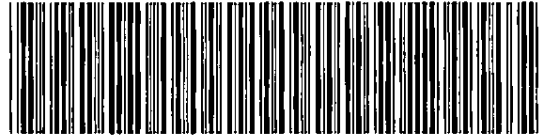
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700392499447

Cancellation of
limited partnership

FILED
2022 DEC -8 AM 8:53

RECEIVED

2022 DEC -8 AM 11:18

TALLAHASSEE, FLORIDA

A. RAMSEY

DEC 13 2022

*02250, 01092, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2022

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: SHAVUAH TOV REALTY (I-4 LOGISTICS TAMPA) ADA
COMPLIANT LIMITED PARTNERSHIP
Ref. Number: B19000000213

RESUBMIT
Please give original
submission date as file date.

We have received your document for SHAVUAH TOV REALTY (I-4 LOGISTICS TAMPA) ADA COMPLIANT LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 322A00027421

RECEIVED
2022 DEC 12 AM 11:19
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : 120000000195

REFERENCE : 189957 7766754

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : December 7, 2022

ORDER TIME : 9:51 AM

ORDER NO. : 189957-005

CUSTOMER NO: 7766754

FOREIGN FILINGS

NAME: SHAVUAH TOV REALTY LP

 CORPORATE
XX LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shavuah Tov Realty (I-4 Logistics Tampa) ADA Compliant Limited Partnership
(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:

Diana Delgado

(Contact Person)

Shavuah Tov Realty LP

(Firm/Company)

125 W 55th Street

(Address)

New York, NY 10019

(City, State and Zip Code)

For further information concerning this matter, please call:

Steven Okoye

(Name of Contact Person)

at (646) 659-8304

(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

FILED

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

2022 DEC -8 AM 8: 53

Shavuah Tov Realty (I-4 Logistics Tampa) ADA Compliant Limited Partner

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

B19000000213

(Florida Document Number of the Foreign LP or LLLP)

Delaware

(Jurisdiction of formation)

August 7, 2019

(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.

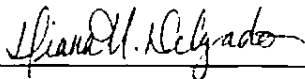
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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:

Macquarie PF LLC

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