

To: +18506176383

Division of Corporations

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2021-08-12 08:21:28 CST

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From: Ramon McGraw

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

DISS/TERM/CANCEL/REV OF LP/LLP
ALTIVON, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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Help

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

ALTIVON, L.P.

(Name of limited partnership or limited liability limited partnership)

DELAWARE

(Jurisdiction of formation)

01-07-2020

(Date authorized to transact business in Florida)

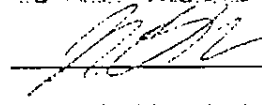
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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)

Signature of a general partner:



Typed or printed name:

John A. McKenna, Jr.

Filing Fee:	\$52.50
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