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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: TENGRAN	1 CAPITAL PARTNER	S, L.P.			
	reign Limited Partnershi	ip or Limited Liabilit	y Limited Partnership)		
The enclosed Notice o	f Cancellation and f	ee(s) are submitte	ed for filing.		
Please return all corres	pondence concernir	ng this matter to:			
KELLY MANSDORF					
	(Contact Person)		•		
TENGRAM CAPITAL PA	ARTNERS, L.P.				
	(Firm/Company)		•		
15 RIVERSIDE AVENUE	:				2
	(Address)		•	7	<u> </u>
WESTPORT, CT 06880					
(Ci	ty, State and Zip Code)		•		2003 SEP -6
	•			-	0
For further information	n concerning this ma	atter, please call:			PH 1:19
KELLY MANSDORF		at (²⁰³	454-6999		19
(Name of Contact	Person)	_ `	and Daytime Telephon		
Enclosed is a check for	r the following amo	unt:			
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified		Copy, and	
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Registration Section		Registration Section			
Division of Corporatio	ns	Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee Fallahassee, FL 32314 2415 N. Monroe Street, Suite 810			ite 810		
Tananassee, FL 32314			issee, FL 32303	nic oro	

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

TENGRAM CAPITAL PARTNERS, L.P.

(Name of foreign limited p	partnership or limite	d liability limited partnership)	
B21000000238			
(Florida Docume	ent Number of the F	oreign LP or LLLP)	
DELAWARE			
L)	urisdiction of forma	ntion)	
05/14/2021			
(Date author	ized to transact bus	ness in Florida)	_
This foreign limited partnership or large transacting business in Florida and states, 620,1907, F.S.	•	· · · · · · · · · · · · · · · · · · ·	_
This entity appoints the Florida Deprights of action arising out of the transfective date, if other than the date (Effective date cannot be prior to nor more)	ansaction of busi	ness in this state.	•
(Effective date cannot be prior to nor more than 90 days after the date this document is Department of State.)		the date this document is fued to	y mej normadi :- t
NOTE: If the date inserted in this leadurements, this date will not be I Department of State's records.			e ==
•	vi All-	_	-
Typed or printed name:			
WILLIAM SWEEDLER	<u> </u>	_	
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		