B21000000359

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)

(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration So						
Division of Co	•					
PODRICE:	t CP Enhanced Partners I					
(Name of Fo	oreign Limited Partnershi	p or Limited Liabili	ity Limited Partners	:hip)		
The enclosed Notice (of Cancellation and fo	ee(s) are submitt	ed for filing.			
Please return all corre	spondence concernir	g this matter to:				
Andrew Katz						
	(Contact Person)					
Waterfront Capital Partne	rs					
	(Firm/Company)		_			
10 E53rd Street, 34th Floo	or					
	(Address)		_			
New York, New York 100	022					
(C	ity. State and Zip Code)		_			
For further informatio	n concerning this ma	itter, please call:		29 2		
Andrew Katz		at (²¹²	554-4089	2923 JAN 900RE		
(Name of Contac	t Person)) e and Daytime Tele	phone Number) 2		
Enclosed is a check for	or the following amou	.int:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filir and Certified	Copy Certi	.75 Filing Fee		
Mailing Address:		Street	Address:			
Registration Section		_	ration Section			
Division of Corporation	ons		on of Corporatio			
P.O. Box 6327 Tallahassee, FL 32314			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

Waterfront CP Enhanced Partners LP

Certificate of Status (optional):

(Name of foreign limited partnership or limited liability limited partnership)	
B21000000359	
(Florida Document Number of the Foreign LP or LLLP)	
Delaware	
(Jurisdiction of formation)	
August 13, 2021	
(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 Horida Department of State)	elu:
NOTE: If the date inserted in this block does not meet the applicable statutory filings requirements, this date will not be listed as the document's effective date on the Department of State's records.	tione that had
Signature of a general partner:	
Typed or printed name:	
Eduardo Abush	
Filing Fee: S52.50 Certified Copy (optional): S52.50	

\$8.75