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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITAL LEGAL GROUP PA

Account Number : I20210000025 Phone : (305)676-0924 Fax Number : (305)676-0924

DISS/TERM/CANCEL/REV OF LP/LLP

CARROLLWOOD SPV V. LP

	PN 4: 24	STATE DRATIONS LORIDA
19/2017	<u>2</u>	42.5
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Certificate of Status	0
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Page Count 02	
Estimated Charge	\$52.50

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT Carrollwood SPV V, LP	
	p or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Lauren Shapiro	
(Contact Person)	
Capital Legal Group PA	
(Firm/Company)	
1110 Brickell Avenue, Suite 505	
(Address)	
Miami, FL 33131	
(City, State and Zip Code)	
For further information concerning this ma	tter, please call:
Lauren Shapiro	_at (516) 578-7864
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	int:
■ \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee, and Certified Copy S113.75 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

Carrollwood SPV V, LP					
(Name of foreign limited)	partnership or limited	liability limited partnership)	·		
B23000000027					
(Florida Document Number of the Foreign LP or LLLP)					
Delaware					
U	Inrisdiction of format	kin)		_	
January 19, 2023					
(Date author	rized to transact busin	ess in Florida)	·		
This foreign limited partnership or transacting business in Florida and s. 620,1907. F.S.		, ,	•	Į()	
This entity appoints the Florida Deprights of action arising out of the tra			rocess f	for	
Effective date, if other than the date (Effective date cannot be prior to nor mor. Department of State.)	e of filing: e than 60 days after to	he date this document is filed by	 the Flori		
NOTE: If the date inserted in this requirements, this date will not be l Department of State's records.		nent's effective date on the	- : -	2024 MAR -7	<u>-11</u>
Signature of a general partner:			TOF SI	ΑM	ĬΠ
Victor Bonilla			MAY OF STATE	ფ. 3	J
Typed or printed name:			H	N	
Victor Bonilla	··				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				