L15000156844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DATE: **1/28/2022**

NAME: PRIVATE EQUITY SOLUTIONS LLC

TYPE OF FILING: **CANCELLATION OF STATEMENT OF AUTHORITY**

COST: **25.00**

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** A Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Private Equity Solutions LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Zayas-Bazan
Name of Person

Zayas Bazan Law PLLC
Firm/Company

1110 Brickell Avenue Suite 504
Address

Miami, FL 33131
City/State and Zip Code

javier@zayasbazanlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Zayas-Bazan at (305) 7737064
Name of Person — Area Code — Daytime Telephone Number

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

CR2E145 (2/14)

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Private Equity Solutions LLC

SECOND: The Florida Document number of the limited liability company is: L15000156844

THIRD: The street address of the limited liability company's principal office is:

1000 Brickell Avenue Suite 335

Miami FL 33131

The mailing address of the limited liability company's principal office is:

1000 Brickell Avenue Suite 335

mi FL 33131

FOURTH: The date the statement of authority became effective is: 06/27/2016

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

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SECRETARY OF STATE
TALLAHASSEE, FL

Signature of authorized representative

Ferdinand Ruano
Typed or printed name of signature

Filing Fee: **$25.00**
Certified Copy: **$30.00 (optional)**

CR2E145 (2/14)