

B16000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY
DEC 29 2017

file third

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 984882 8116842
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ ~~25.00~~ \$52.50

PER ROXANNE TURNER
12/29/2018
KS

ORDER DATE : December 28, 2017
ORDER TIME : 1:04 PM
ORDER NO. : 984882-030
CUSTOMER NO: 8116842

FOREIGN FILINGS

NAME: APHELIUM PARTNERS LP

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____



RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2017

CSC
ROXANNE TURNER

RESUBMIT

Please give original submission date as file

SUBJECT: APHELIUM PARTNERS LP
Ref. Number: B16000000254

We have received your document for APHELIUM PARTNERS LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00026329

2017 DEC 29 14 48 19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APHELIUM PARTNERS LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID OGMAN

(Contact Person)

APHELIUM

(Firm/Company)

6001 BROKER SOUND PARKWAY, #424

(Address)

Boca Raton, FL 33487

(City, State and Zip Code)

For further information concerning this matter, please call:

DAVID OGMAN

(Name of Contact Person)

at (561) 945-5040

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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2017 DEC 28 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APHELIUM PARTNERS LP

(Name of foreign limited partnership or limited liability limited partnership)

B16000000254

(Florida Document Number of the Foreign LP or LLLP)

DELAWARE

(Jurisdiction of formation)

11/18/2016

(Date authorized to transact business in Florida)

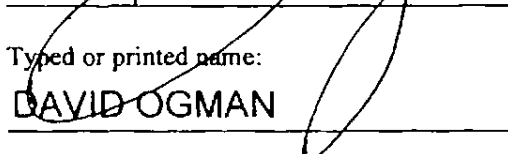
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:
DAVID OGMAN

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75