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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

	ation Section n of Corporations	
SUBJECT:	HALLMARK HOME (Name of	HEALTH LTD Limited Partnership)
	NUMBER: A 04 000 00	
The enclosed Co	ertificate of Cancellation and fee(s) are su	bmitted for filing.
Please return all	correspondence concerning this matter to	o the following:
	JOHN SU	TER_ ume of Person)
	J. SUTER, C	P▲ rm/Company)
	12434 MANDAY	(Address)
	JACKSONVILLE (City/S	take and Zip Code)
For further infor	mation concerning this matter, please cal	l:
	SUTER CPA (Name of Person)	at (904) 886 - 2942 (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
\$52.50 Filing	Fee S61.25 Filing Fee & Certificate of Status	☐ \$105.00 Filing Fee & ☐ \$113.75 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

HALLMARK HOME HEALTH LATD
(Insert name currently on file with Florida Dept. of State)
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Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose
certificate was filed with the Florida Department of State on 15/2004, hereby submits this
Certificate of Cancellation.
Cermicale of Cancenation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
DISSOLVED IN ACCORDANCE WITH THE PROVISIONS OF THE
LIMITED PARTNERSHIP AGREEMENT.
SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida
Department of State.
THIRD: Signatures of all general partners:
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J.L. SUTER, PRESIDONT MAGNOLIA ELDONCARE, INC.
TILISUTER, PRESIDENT MAGNOLIA ELDENCARE, INC., THE SOLE GENERAL PARTNER
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