

B020000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

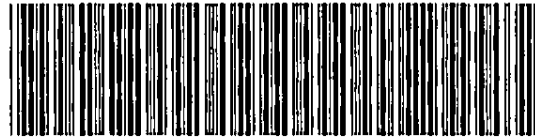
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800383283838

03/10/22--01014--002 \*\*35.00

05/09/22--01043--001 \*\*17.50

FILED  
2022 MAY -5 PM 12:31  
ST. LOUIS, MO

A. RAMSEY

MAY -9 2022

X00789, 00524, 00671



RECEIVED

2022 MAY -5 AM 8:05

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

April 5, 2022

ANITA HUNGLE  
HACIENDA CARE VI, LP  
5500 W. PLANO PARKWAY, SUITE 210  
PLANO, TX 75093 US

SUBJECT: HACIENDA CARE VI, L.P.  
Ref. Number: B02000000216

We have received your document for HACIENDA CARE VI, L.P. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50.

The form that you sent was incorrect. It is for a foreign corporation and your entity is a limited partnership. I have enclosed the correct form. Please note additional fee.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 322A00007892

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hacienda Care VI, 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:

Anita Hungle  
(Contact Person)  
US Healthcare Group, LLC  
(Firm/Company)  
5500 W. Plano Parkway, Suite 210  
(Address)  
Plano, TX 75093  
(City, State and Zip Code)

For further information concerning this matter, please call:

Anita Hungle at ( 469 ) 398-3592  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount: Balance of \$ 17.50

☐ \$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

**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

FILED

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

2022 MAY -5 PM 12 37

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Hacienda Care VI, LP

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

B02000000216

(Florida Document Number of the Foreign LP or LLLP)

Florida

(Jurisdiction of formation)

06-24-2002

(Date authorized to transact business in Florida)

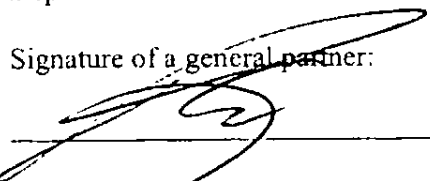
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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:

Robert J. Riek

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