

BD4000000164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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19 MAR 15 AM 8:31  
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O SIMMONS  
MAR 18 2019

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 681659 7452534

AUTHORIZATION :

COST LIMIT : \$52.50



ORDER DATE : March 12, 2019

ORDER TIME : 10:06 AM

ORDER NO. : 681659-005

CUSTOMER NO: 7452534

FOREIGN FILINGS

NAME: HCP MOP TAMPA FL, LP

       CORPORATE  
XX        LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCP MOP Tampa FL, 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:

**Olga De Stefanis**

(Contact Person)

**HCP, Inc.**

(Firm/Company)

**1920 Main Street, Ste 1200**

(Address)

**Irvine, CA 92660**

(City, State and Zip Code)

For further information concerning this matter, please call:

**Olga De Stefanis**

(Name of Contact Person)

at ( **949** ) **407-0487**

(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

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

HCP MOP Tampa FL, LP

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

B04000000164

(Florida Document Number of the Foreign LP or LLLP)

Delaware

(Jurisdiction of formation)

04/08/2004

(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:

DocuSigned by:  
Joshua Weiss  
EB0510E359154DA...

Typed or printed name:

Joshua D. Weiss, Vice President of  
HCP MOP A PACK GP, LLC, General Partner

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

FILED  
19 MAR 15 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA