

BO70000000289

(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



300383621223

Notice of Cancellation

03/15/22--01026--027 **35.00
05/09/22--01043--004 **17.50

FILED
2022 MAY -5 PM 12 58
CLERK OF COURT
JANET L. BROWN

A. RAMSEY
MAY -9 2022

X00678, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY -5 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FL

April 6, 2022

ANITA HUNGLE
US HEALTHCARE GROUP LLC
5500 W. PLANO PARKWAY, SUITE 210
PLANO, TX 75093 US

SUBJECT: PINNACLE HEALTH FACILITIES XXIII, LP
Ref. Number: B07000000289

We have received your document for PINNACLE HEALTH FACILITIES XXIII, LP 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 submitted is incorrect. It is for a foreign corporation and your entity is a foreign limited partnership. I have enclosed the correct form. Please note the 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: 122A00008011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinnacle Health Facilities XXIII, 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 2022 MAY -5 PM 12 58
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

Pinnacle Health Facilities XXIII, LP

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

B07000000289

(Florida Document Number of the Foreign LP or LLLP)

Florida

(Jurisdiction of formation)

09-14-2007

(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