B0700CCC0302

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
- ·-
(Business Entity Name)
(Document Number)
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LP Notice of Concellation

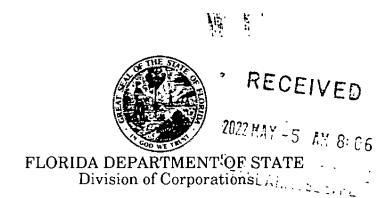
03/15/22--01026--026 **35.00

05/09/22--01043--003 ++17.50

FILED SHIP SH

A. RAMSEY MAY -9 2022

X00678,00524,00671



April 6, 2022

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

SUBJECT: PINNACLE HEALTH FACILITIES XXIV, LP

Ref. Number: B07000000302

We have received your document for PINNACLE HEALTH FACILITIES XXIV, 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: 522A00008010

COVER LETTER

	Section		
יוס מסוצויזעו	Corporations		
	nacle Health Facilities Foreign Limited Partnersh		y Limited Partnership)
The enclosed Notice	e of Cancellation and f	ee(s) are submitte	ed for filing.
Please return all cor	respondence concernir	g this matter to:	
Anita Hun	gle		
	(Contact Person)		
US Health	(Firm/Company)		
5500 W. Pla	no Parkway, Suite 210		
	(Address)		•
	-003		
Plano, TX 75	5093		
	(City, State and Zip Code)		
		<u> </u>	
		atter, please call:	
	(City, State and Zip Code)	. 460	398-3592
For further informat	(City, State and Zip Code) tion concerning this ma	at (<u>469</u>) 398-3592 and Daytime Telephone Number)
For further informate Anita Hungle (Name of Con	(City, State and Zip Code) tion concerning this ma	at (469 (Area Code	and Daytime Telephone Number)
For further informate Anita Hungle (Name of Con	(City, State and Zip Code) tion concerning this ma	at (469 (Area Code	and Daytime Telephone Number) \$ 17.50 g Fee \$113.75 Filing Fee,
For further informate Anita Hungle (Name of Content Enclosed is a check	(City, State and Zip Code) tion concerning this may tact Person) for the following amount \$61.25 Filing Fee and Certificate of	at (469 (Area Code unt: balance of \$105.00 Filing and Certified	and Daytime Telephone Number) \$ 17.50 g Fee \$113.75 Filing Fee, Copy
For further informate Anita Hungle (Name of Content Enclosed is a check S52.50 Filing Fee Mailing Address: Registration Section	(City, State and Zip Code) tion concerning this may tact Person) for the following amount \$61.25 Filing Fee and Certificate of Status	at (469 (Area Code Int: balance of \$105.00 Filing and Certified Street A Registr.	and Daytime Telephone Number) \$ 17.50 g Fee \$113.75 Filing Fee, Copy Certified Copy, and Certificate of Status Address: ation Section
For further informate Anita Hungle (Name of Content Enclosed is a check 552.50 Filing Fee Mailing Address: Registration Section Division of Corpora	(City, State and Zip Code) tion concerning this may tact Person) for the following amount \$61.25 Filing Fee and Certificate of Status	at (469 (Area Code Int: balance of \$105.00 Filing and Certified Street A Registr Divisio	and Daytime Telephone Number) \$ 17.50 g Fee \$113.75 Filing Fee, Copy
For further informate Anita Hungle (Name of Content Enclosed is a check S52.50 Filing Fee Mailing Address: Registration Section	(City, State and Zip Code) tion concerning this may tact Person) for the following amount \$61.25 Filing Fee and Certificate of Status	at (469 (Area Code Int: balance of \$105.00 Filing and Certified Street A Registr Divisio The Ce	and Daytime Telephone Number) \$ 17.50 g Fee \$113.75 Filing Fee, Copy Certified Copy, and Certificate of Status Address: ation Section
For further informate Anita Hungle (Name of Con	(City, State and Zip Code) tion concerning this ma	at (469 (Area Code	and Daytime Telephone Number)

FILED

NOTICE OF CANCELLATION MAY -5 PM 12 54 FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pinnacle Health Facilitie	es XXIV, LP
(Name of foreign limited p	eartnership or limited liability limited partnership)
B0700000302	
(Florida Docume	ent Number of the Foreign LP or LLLP)
Florida	
09-24-2007	urisdiction of formation)
(Date authori	ized to transact business in Florida)
This foreign limited partnership or I transacting business in Florida and vs. 620.1907, F.S.	limited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing:e of filing:e than 90 days after the date this document is filed by the Florida
NOTE: If the date inserted in this I requirements, this date will not be li Department of State's records.	block does not meet the applicable statutory filing isted as the document's effective date on the
Signature of a general partner.	
Typed or printed name: Robert J. Rick	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75