# B12000000308

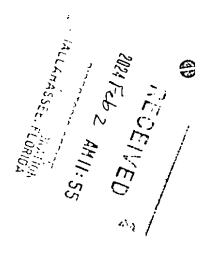
(Requestor's Name)				
(Address)				
( lauressy				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700422603597

2024 FEB -2 AH 10: 06



### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

OATE 02/02/2024	_	**WALK
INTITY NAME OXFO	ORD CARE GROUP, LI	Ρ
DOCUMENT NUMBER	R	
	**PLEASE FILE TH	HE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certificate of Good Sti	
	**APOSTILLE'/I	NOTARIAL CERTIFICATION**
COUNTRY OF DESTIN	·	
NUMBER OF CERTIFIC	•	
TOTAL OWED \$52.50		ACCOUNT #: I20160000072
		5 8 FM
na ar .	· • / / / .	any issues or concerns. Thank you so much!

#### **COVER LETTER**

TO:	Registration ! Division of C				
SUR.	JECT: OXFORI	O CARE GROUP, LP			
0000		Foreign Limited Partnershi	p or Limited Liab	ility Limite	ed Partnership)
The e	nclosed Notice	of Cancellation and fe	ee(s) are submi	itted for fi	iling.
Pleas	e return all corr	espondence concernin	g this matter to	<b>)</b> :	
Christ	ine Woodward				
		(Contact Person)			
Single	File Technologies				
		(Firm/Company)			
113 C	herry St., Suite 70	875			
		(Address)			
Seattle	e, WA 98104-2205	i			
	(	City, State and Zip Code)			
For fu	ırther informati	on concerning this ma	tter, please cal	1:	
Christ	ine Woodward,		at ( <u>800</u>	391-98	369
	(Name of Conta	ict Person)		ode and Day	vtime Telephone Number)
Enclo	sed is a check t	for the following amou	int:		
<b>I</b> \$5:	2.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Fi		S113.75 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 ITED I IARII ITY I IMITED PARTNER

### 2024 FEB -2 AM IO: 06

OR
LIMITED LIABILITY LIMITED PARTNERSHIP TALLAHASSEE, FLORIDA

OXFORD CARE GROUP, LP		
(Name of foreign limited p	partnership or limite	d liability limited partnership)
B12000000308		
(Florida Docume	ent Number of the F	oreign LP or LLLP)
Washington		
(1)	urisdiction of forma	tion)
12/28/2012		
(Date author	ized to transact busi	ness in Florida)
This foreign limited partnership or l transacting business in Florida and s. 620.1907, F.S.	-	imited partnership is no longer its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra		as its agent for service of process for ness in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)		the date this document is filed by the Florida
<b>NOTE:</b> If the date inserted in this requirements, this date will not be I Department of State's records.		• • • • • • • • • • • • • • • • • • • •
Signature of a general partner:		
/s/Alan Spragins		
Typed or printed name:		
Alan Spragins		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	