

B 13 0000000 313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

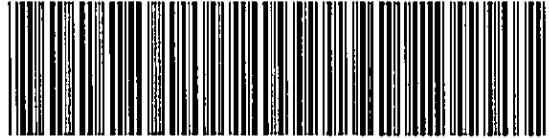
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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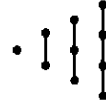
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

2020 APR -2 AM 7:12

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APR 15 2020
S. YOUNG

SONKIN • KOBERNA



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Beachwood, Ohio 44122
T: (216) 514-8300
F: (216) 514-4467
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March 26, 2020

Via US Mail

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Notice of Cancellation for Foreign Limited Partnership

Dear Sir or Madam,

Enclosed please find one original and one copy of the executed Notice of Cancellation for Foreign Limited Partnership for Indian River Medical Properties, L.P., Palisades Medical Properties, LP and Metropolitan Medical Properties, L.P. Also, enclosed please find three (3) separate checks made payable to Florida Department of State each in the amount of \$52.50 for the required fees.

Upon receipt, please file and send a file stamped copy to the address below:

Sonkin & Koberna, LLC
Attn: Kellie Verkest
3401 Enterprise Parkway, Suite 400
Beachwood, Ohio 44122

Thank you and should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Kellie M. Verkest
Paralegal

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

METROPOLITAN MEDICAL PROPERTIES, LP

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

B13000000313

(Florida Document Number of the Foreign LP or LLLP)

OHIO

(Jurisdiction of formation)

11/05/2013

(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:

Crescendo Metropolitan, LLC, its General Partner

Typed or printed name:

JOSEPH GREULICH, ITS MANAGER

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