

B15000000323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

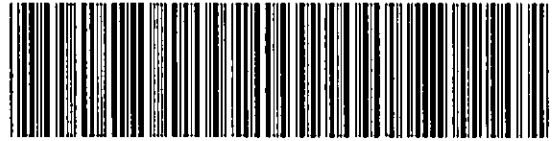
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
141 LAUREL STREET, 9TH FLOOR
HARTFORD, CT 06103

2020 APR -2 AM 7:11

FILED

APR 15 2020
S. YOUNG

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

PALISADES MEDICAL PROPERTIES, LP

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

B15000000323

(Florida Document Number of the Foreign LP or L.L.L.P.)

OHIO

(Jurisdiction of formation)

11/24/2015

(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:
Woodside Health Palisades, 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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
& LIMITED LIABILITY COMPANIES

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