

B92000000005

Attached are the forms and instructions to cancel a foreign limited partnership's registration.

A foreign limited partnership may cancel its registration by filing with the Department of State a certificate of cancellation signed and acknowledged or sworn to by a general partner.

Please note that a cancellation does not terminate the authority of the Secretary of State to accept service of process on the foreign limited partnership with respect to cause of action arising out of the transaction of business in this state.

The fee to file the cancellation is \$52.50. Certified copies of the cancellation are \$52.50 each. You should total all fees and forward one check made payable to the Department of State for the total amount.

Please be sure to include a cover letter with your document and check. The cover letter should include the name of the contact person and his/her telephone number during the day and the name and address of the person to whom the acknowledgment should be addressed.

Any further inquiries concerning this matter should be directed to the Limited Partnership Section by calling (850) 487-6051.

J. SUTER
12434 MANDARIN RD
JACKSONVILLE, FL 32223
904-886-2992

Mailing Address:
Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Street Address:
Florida Dept. of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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00 MAR 19 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF CANCELLATION

DOCUMENT # 9200000005 FOR

FLORIDA HEALTH CARE PARTNERSHIP, LTD.

(insert name currently on file with Florida Dept. of State)

B92-5

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

SKY BLUE, INC D/B/A 695801 ONTARIO LIMITED, INC

[Signature]

PRES

(Signature of a General Partner)

J. SUTER, PRES

(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF DIXIE (POLK)

On this 28 day of JAN., 2000,

personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL. DL. #

FILED
00 MAR 19 11:10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kathy Drawdy

Notary Public Signature

Kathy Drawdy

Notary's Printed Name

Seal

My Commission Expires: _____

