

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Cancellation**

**CAN**

Pursuant to the provisions of KRS 362.2-203, the limited partnership executes the following statement of cancellation:

1. The name of the limited partnership is:

**Penelope Medical Limited Liability Limited Partnership**

3. Effective date of this dissolution: 12/30/2021 12:00:00 AM

4. The reason for filing the certificate of cancellation is:

**Incorporated as the wrong LL Type**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Signature** Penelope Waite  
**Title** Registered Agent  
**Date** 12/30/2021

**Signature** Richard M Waite II  
**Title** General Partner