

ABI 000000954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

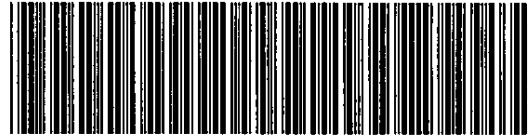
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Date

Office Use Only



700288387497

08/05/16--01020--023 **52.50

FILED
2016 AUG 5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 25

REGISTRATION SECTION
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

SUBJECT: **WMSE LIMITED PARTNERSHIP**

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Evans Edinger
7409 Haddington Cove
Lakewood Ranch, FL 34202

For further information concerning this matter, please call:

Evans Edinger at (941) 429-9407

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$52.50 Filing Fee	<input type="checkbox"/> \$61.25 Filing Fee And Certificate of Status	<input type="checkbox"/> \$105.00 Filing Fee And Certified Copy	<input type="checkbox"/> \$113.75 Filing Fee Certified Copy, and Certificate of Status
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STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2016

EVANS EDINGER
7409 HADDINGTON COVE
LAKEWOOD RANCH, FL 34202

SUBJECT: WMSE LIMITED PARTNERSHIP
Ref. Number: A01000000954

2016 AUG 25 PM 1:05
TALLAHASSEE, FLORIDA

We have received your document for WMSE LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 116A00016643

LAW OFFICES OF
H. GREG LEE, P.A.
SARASOTA • VENICE

REPLY TO:
2014 FOURTH STREET
SARASOTA, FLORIDA 34237
(941) 954-0067
FAX (941) 365-1492

BRANCH OFFICE:
735 E. VENICE AVE., 2ND FLOOR
VENICE, FLORIDA
(941) 484-0067

August 22, 2016
VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

OF COUNSEL:
GREG A. BETTERTON

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

Re: Dissolution of WMSE Limited Partnership
Ref No: A01000000954
Letter No: 116A00016643

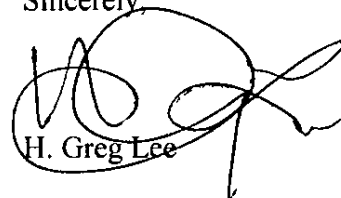
Dear Sir or Madam:

The undersigned represents Evans Edinger, General Partner, of WMSE Limited Partnership. In response to the above referenced letter received from you dated August 8, 2016, we are filing the Certificate of Dissolution for WMSE Limited Partnership dated August 5, 2016, the date of which you received the documents, and the Notice of Dissolution.

We understand you have previously confirmed receipt of our check of \$52.50 for the filing fee and have held the same in anticipation of receipt of these documents.

If you need anything additional to process these documents please feel free to contact us or the general partner as indicated on the enclosed documents.

Sincerely,



H. Greg Lee

**CERTIFICATE OF DISSOLUTION
FOR
WMSE LIMITED PARTNERSHIP**

FILED
2016 AUG 5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida limited partnership or limited liability partnership, whose certificate was filed with the Florida Department of State on **07/16/2001**, assigned Florida document number **A01000000954**, hereby submits this Certificate of Dissolution.

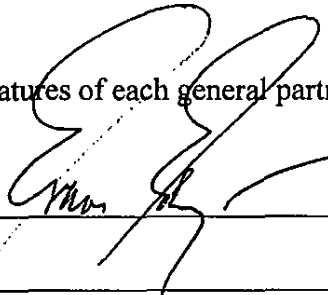
FIRST: All parties to the limited partnership or limited liability partnership referenced herein, except one, have are deceased.

SECOND: ☒ A Notice of Dissolution is attached.

THIRD: Effective date, if other than the date of filing, shall be **August 5, 2016**.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2016 AUG 5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

WMSE LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name, address and tax identification number for claimant
Basis of Claim
Nature and Amount of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Evans Edinger
7409 Haddington Cove
Lakewood Ranch, FL 34202

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

EVANS EDINGER



Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.