

₫001/003

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

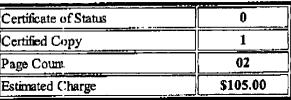
From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520

Phone : (813)221-3900 : (813)221-2900 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP WC LAND HOLDINGS, LTD.





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J. BRYAN

SEP 2 9 2011

EXAMINER



(((H110002367603)))

CERTIFICATE OF DISSOLUTION FOR WC LAND HOLDINGS, LTD.

WC Land Holdings, Ltd., a Florida limited partnership, submits the following Certificate of Dissolution pursuant to Section 620.1203 of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act"):

ARTICLE I

The name of the limited partnership is WC Land Holdings, Ltd. (the "Company"), whose Certificate of Limited Partnership was filed with the Florida Department of State on February 22, 2005 and was assigned document number A05000000388.

ARTICLE II

Dissolution of the Company was authorized and effective as of June 30, 2011, pursuant to a joint action by written consent of the general partner and the limited partner of the Company given in accordance with the provisions of Section 620.1801(1)(b) of the Act.

Dated: As of June 30, 2011

WC LAND HOLDINGS, LTD., a Florida limited partnership

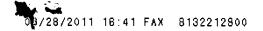
By:

THE LATT MAXCY CORPORATION, a Florida corporation, its general partner

Name: Katimer T. Wilson

Title: President





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POTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

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:

WC Land Holdings, Ltd.

Description of information that must be included in a claim:

If you feel that you have a possible claim, please contact in writing the person listed below with a detailed description of the nature and amount of the asserted claim.

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

21299 US Hwy. 27

Lake Wales, Florida 33859

Attn: Latimer T. Wilson

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 notice.

Signature of a general partner of a principal of	the successor carry.
Latimer T Wilson	Jalani 2 William
Printed Name	Signature

Filing Fee: \$52.50 Certified Copy (optional): \$52.50