A0500000639

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATE

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COVER LETTER

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TO: Registration Division of	Section Corporations					
SUBJECT: WRH	l Normandy Wood	ds, LL	<u> </u>	P. F.		
(Name of	f Florida Limited Partnersh	ip or Lim	ited Liabil	lity Limi	ited Partnership)	
The enclosed Certif	icate of Dissolution an	nd fee(s)	are sub	nitted 1	for filing.	
Please return all con	rrespondence concerni	ng this r	natter to			
Jay Meder						
	(Contact Person)		-	_		
WRH Income Proper	ties, Inc.					
	(Firm/Company)					
100 3rd St S #300						
	(Address)			_		
St. Petersburg, FL 33	3701					
<u></u>	(City, State and Zip Code)			_		
For further informa	tion concerning this m	atter, pl	ease call	:		
Jay Meder		at (727) 892	2-3006	
(Name of Con	tact Person)		(Area Coo	le and D	aytime Telephone Number)	
Enclosed is a check	for the following amo	ount:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filin ertified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRE	SS:		MAII	LING.	ADDRESS:	
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Center Circle			Tallal	nassee,	FL 32314	
Tallahassee, FL 32	301					

ÇERTIFICATE OF DISSOLUTION FOR

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(Name of Florida Limited Pa		nited Liability Limited Partnership)				
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 3/31/2005, assigned Florida document number A05000000639, hereby submits this Certificate of Dissolution.						
FIRST: Reason for dissolution: (S	State why part	nership is submitting dissolution	1)			
All property owned by the partnership, an apartment complex, was sold. The partnership no longer						
has assets or any operations,						
SECOND: A Notice of Disso (Check box if atta		hed.				
THIRD: Effective date, if other than the o	,	ay 15, 2017	·			
(Effective date cannot be prior to nor more Department of State.)	than 90 days aj	fter the date this document is filed by th	ne Florida			
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	appointed pursuant to				
A Sul		Jay Meder J. Mark Rulledge				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		17 AF SECRI			
Certificate of Status (optional):	\$8.75	·	**			

NOTICE 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: WRH Normandy Woods, LLLP Description of information that must be included in a claim: Description of the claim; amount of the claim; date of service provided or goods delivered that gave rise to the claim; supporting documents for the nature and amount of the claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) WRH Income Properties, Inc. Attn: Chief Financial Officer 100 3rd St S. #300 St. Petersburg, FL 33701 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: J. Mark Rutledge Printed Name

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