

A05000002101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

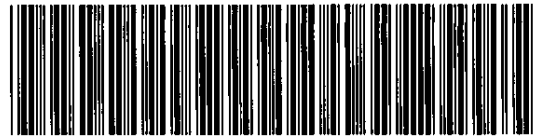
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

APR 19 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRH Sage Pointe, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Jay Meder

(Contact Person)

WRH Income Properties, Inc.

(Firm/Company)

100 3rd St S #300

(Address)

St. Petersburg, FL 33701

(City, State and Zip Code)

For further information concerning this matter, please call:

Jay Meder

(Name of Contact Person)

at (727) 892-3006

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

**CERTIFICATE OF DISSOLUTION
FOR**

WRH Sage Pointe, LLLP

(Name of Florida Limited Partnership or Limited 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 11/18/2005, assigned Florida document number A05000002101, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

All property owned by the partnership, an apartment complex, was sold. The partnership no longer has assets or any operations,

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: May 15, 2017

(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.:

Jay Medler
J. Mark Rutledge

Jay Medler
J. Mark Rutledge

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

17 APR 17 AM 10:17
RECEIVED
FLORIDA DEPARTMENT OF STATE

**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 Sage Pointe, 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


Signature

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