

A060000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

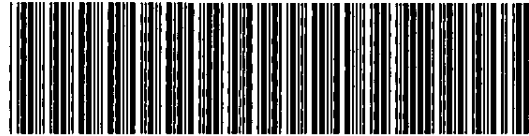
A06-232

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 FEB 20 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROCKER-WPB CITY PLACE, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

TODD AMARA

(Contact Person)

CROCKER-WPB CITY PLACE LLC

(Firm/Company)

225 NE MIZNER BLVD - SUITE 200

(Address)

BOCA RATON, FL 33432

(City, State and Zip Code)

For further information concerning this matter, please call:

TODD AMARA at (561) 447-1801
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2013

TODD AMARA
225 NE MIZNER BOULEVARD
SUITE 200
BOCA RATON, FL 33432

SUBJECT: CROCKER-WPB CITY PLACE, LTD.
Ref. Number: A06000000232

We have received your document for CROCKER-WPB CITY PLACE, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

I have retained the Notice of Dissolution.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00000282

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2013 FEB 20 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Crocker-WPB City Place, Ltd.

(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 February 7, 2006, assigned Florida document number A06000000232, hereby submits this Certificate of Dissolution.

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

The business of the limited partnership has concluded.

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

THIRD: Effective date, if other than the date of filing: _____.

(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**

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:

CROCKER-WPB CITY PLACE, LTD.

Description of information that must be included in a claim:

Claimant's name, reason for claim, amount of claim, and
all supporting documentation evidencing claim amount.

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

225 NE MIZNER BLVD - SUITE 200

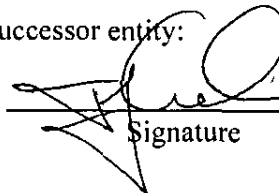
BOCA RATON, FL 33432

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 or a principal of the successor entity:

THOMAS J CROCKER

Printed Name


Signature

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

SECRETARY OF STATE
JAILAN SHELLEY, FLORIDA

2013 FEB 20 PM 3:23

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