

A06000001431

(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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Office Use Only



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04/28/15--01002--007 **52.50

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15 APR 27 PM 2:37
FILING OFFICE

dissolution

**CERTIFICATE OF DISSOLUTION
FOR**

DWH International Consultants L.P.

(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 12-7-06, assigned Florida document number A06-1431, hereby submits this Certificate of Dissolution.

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

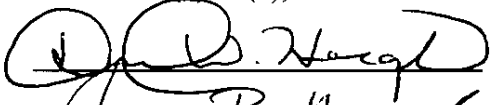
No longer conducting business

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.:


John R. Hoegl

President

Secretary

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

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STATE OF FLORIDA
TALLAHASSEE

**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:

DWH International Consultants LP.

Description of information that must be included in a claim:

1.) Date of Claim

2.) Location of claim

3.) Names of people making claim

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

David W. Hoegh

13504 Carnoustie Circle

Dade City, Florida

33525

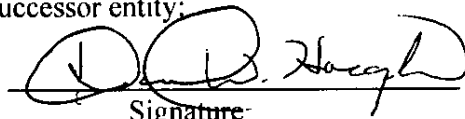
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SEAL
TALLAHASSEE

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:

David W. Hoegh

Printed Name



Signature

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