

A08000000765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

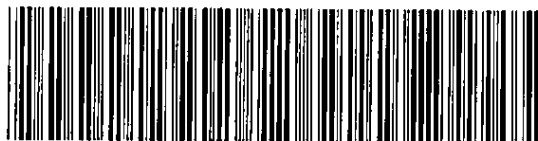
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

OCT 12 2023

Office Use Only



000415373740

09/15/23--01030--002 **110.00

FILED
2023 SEP 15 AM 9:24
SECRETARY OF STATE
TREASURY

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: WHS Investment Partnership LTD

(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:

Stephen Syfrett Esq

(Contact Person)

Syfrett Law PLLC

(Firm/Company)

502 Harmon Ave

(Address)

Panama City, FL 32405

(City, State and Zip Code)

For further information concerning this matter, please call:

Stephen Syfrett

at (850) 691-9612

(Name of Contact Person)

(Area Code)

(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
26612

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
32405

CERTIFICATE OF DISSOLUTION FOR

WHS Investment Partnership 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 8/26/2008, assigned Florida document number A08000000765, hereby submits this Certificate of Dissolution.

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

Entity no longer useful.

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

DocuSigned by:
William Smith
William Smith

DocuSigned by:
Julie L. Lawson
Julie Lawson

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

FILED
2023 SEP 15 AM 9:24
SECRETARY OF STATE