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Requestor's Name)	
(ddress)	
address)	
City/State/Zip/Phone #	P)
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Certificates o	of Status
o Filing Officer:	
	Address) City/State/Zip/Phone # WAIT Business Entity Name Occument Number) Certificates of

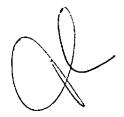
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SEC HANSSEE, FL





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2022

SABRINA CHURCH 6533 EMERALD DUNES DR #201 WEST PALM BEACH, FL 33411

SUBJECT: THE GRAND ISLES AT WPB, LLLP

Ref. Number: A09000000438

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Certificate of Dissolution must be filed before a statement of termination can be filed.

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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 222A00017386

HUU 15 2022

COVER LETTER

Division of Corporations
SUBJECT: The Grand Isles at WPB LUP (Name of Florida Limited Parinership 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: (Contact Person)
The Grand Isles at WPB, LLLA (Firm/Company)
West Palm Beach, Ed. 3341 (City, State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Contact Person) at (56/) 684-0088 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: Alfady Miled in (4) 25/2022 CK# 13404 Shasken S52.50 Filing Fee S61.25 Filing Fee S105.00 Filing Fee S113.75 Filing Fee, See Status Status Status Enclosed is a check for the following amount: Alfached Certificate of Status Alfached Alfached Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or	TSIPS Limited Liability	CLIMITED PARTNERSHIP	LLIP	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A0900000 Dissolution.	ed partnership,	whose certificate was	s filed with the igned Florida	
FIRST: Reason for dissolution: (S		ership is submitting d		
			2022 AI	4
SECOND: A Notice of Dissolution is attached. (Check box if attached.)		AUG 15 4M		
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	than 90 days after the app	licable statutory filing req		6
Signatures of each general partner or the pe	erson appointed po 	ursuant to s. 620.1803(3)	or (4), F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			