A10415

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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YOUT APR -6 PM 1: 25 SECRETARY OF STATE TALLAHASSEF, FATE



COVER LETTER

10: Registration Section
Division of Corporations
Whisper Lake, Ltd. SUBJECT:
(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: Matthew Wingard
(Contact Person)
Highland Mortgage
(Firm/Company)
3010 3rd Avenue South
(Address)
Birmingham, AL 35233
(City, State and Zip Code)
For further information concerning this matter, please call:
Matthew Wingard at () (Area Code) (Daytime Telephone Number)
(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 Certified Copy 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

FILED

CERTIFICATE OF DISSOLUTION FOR

2027 APR -6 PM 1: 25

Whisper Lake, Ltd.

SECRETARY OF STATE TALLAHASSEE, FL

(Name of Florida Limited Partnership o	r Limited Liabili	ty Limited Partnership)
Florida Department of State on 4/2	ted partnership 9/1981	lorida Statutes, this Florida limited b. whose certificate was filed with the, assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (S	State why part	nership is submitting dissolution)
The asset owned by this entity was sold s	o this entity is no	lonager needed.
SECOND: A Notice of Disso (Check box if a		ned.
THIRD: Effective date, if other than th	e date of filing:	4/15/2022
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days af	plicable statutory filing requirements, this date will
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:
Whisper Like IIC by: Robert Field He: Manager	_ _ _	By: Rece Field it: President
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	