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TALLAHASSEE FL

n BRUCE
JUN 11 2021

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BUTLER VA HEALTHCARE WEH LP

(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:

WARREN E. HALLE

(Contact Person)

BUTLER VA HEALTHCARE WEH LP

(Firm/Company)

2900 LINDEN LANE, SUITE 300

(Address)

SILVER SPRING, MD 20910

(City, State and Zip Code)

For further information concerning this matter, please call:

SHARON ROSEL

at (

301

(Area Code)

495-1535

(Daytime Telephone Number)

(Name of Contact Person)

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

SECTION
TALLAHASSEE
FL

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**CERTIFICATE OF DISSOLUTION
FOR**

BUTLER VA HEALTHCARE WEH LP

(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 January 8, 2015, assigned Florida document number A15000000014, hereby submits this Certificate of Dissolution.

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

The building and property were sold.

The Limited Partnership is 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: April 7, 2021

(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.

WEH Associates, Inc.

General Partner

Warren E. Halle

Warren E. Halle, President

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

ALLAHADISE INC

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