A19000003419

(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:	
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Q. SILAS APR 1.2 2022	
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SECRETARY OF STATE
TALL ANASSEE FI

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations		
	DINGS LIMITED LIABILITY PARTNERSHIP	
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)		
The enclosed Certificate of Dissolution a Please return all correspondence concern ALAN G. WALKER	• • • • • • • • • • • • • • • • • • • •	
(Cunta	net Person)	
(Firm	/Company)	
2178 N. Donahue Drivbe		
(Ad	dress)	
AUBURN ALABAMA 36830		
(City, State	and Zip Code)	
For further information concerning this	matter, please call:	
ALAN G. WALKER	334 734-4951 at ()	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following an	ount:	
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

FILED

THE WALKER TIMBER HOLDINGS LIMITED LIABILITY PARTNERSHIP 2022 HAR 21 AM 8: 35 (Name of Florida Limited Partnership or Limited Liability Limited Partnership ECRETARY OF STATE TALLAHASSEE, FL 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 8-16-2019 _____, assigned Florida document number A1900000349 _____, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Family member died in May 2021. **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.: Filing Fee: \$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):

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:

Description of information that must be included in a claim:
contact: Alan G. Walker 2178 N. Donahue Drive Auburn, Alabama 36830

type of claim

Amount of claim

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

2178 N. Donahue Drive Auburn, Alabama 36830

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 the notice.

Signature of a general partner or a principal of the successor entity:

Alan G. Walker, G.P.

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Printed Name

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.