

A23595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

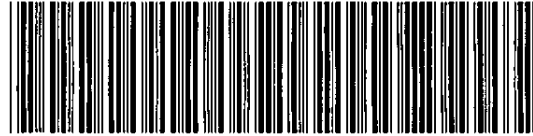
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263279794

RECEIVED
DEPARTMENT OF STATE
OFFICE OF DOCUMENTS
2014 AUG 19 PM 4:20
TO KNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 AUG 19 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014

T CLINE



CORPORATION SERVICE COMPANY

Don't Separate

ACCOUNT NO. : I20000000195

REFERENCE : 263100 7213712

AUTHORIZATION :

COST LIMIT : \$ 105.00

ORDER DATE : August 19, 2014

FILE THIRD

ORDER TIME : 3:18 PM

ORDER NO. : 263100-015

CUSTOMER NO: 7213712

REVOCATION OF DISSOLUTION

NAME: WEST WIND ASSOCIATES OF
SANIBEL, LTD

EFFECTIVE DATE:

XX CERTIFICATE OF REVOCATION OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 19 AM 10:03

FILED

CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR

West Wind Associates of Sanibel, LTD

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

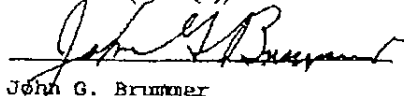
SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: 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.)

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



John G. Brummer

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 19 AM 10:08

111111