

A27975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

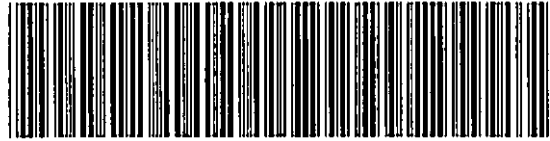
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05/20/21--01006--029 \*\*105.00

FILED  
2021 MAY 20 PM 3:35  
CLERK OF COURT  
JULIA A. BROWN

D. BRUCE  
JUN 30 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLUMBIA TIMBERLANDS, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LEE D. WEDEKIND, JR.

(Contact Person)

(Firm/Company)

5345 ORTEGA BOULEVARD, SUITE 7

(Address)

JACKSONVILLE, FL 32210

(City, State and Zip Code)

For further information concerning this matter, please call:

LEE D. WEDEKIND, JR.

(Name of Contact Person)

at ( 904 ) 813-6141

(Area Code and 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  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 MAY 20 PM 3:35  
TALLAHASSEE, FL  
FBI

**CERTIFICATE OF DISSOLUTION  
FOR**

COLUMBIA TIMBERLANDS, LTD.

(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 FEBRUARY 27, 1989, assigned Florida document number A27975, hereby submits this Certificate of Dissolution.

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

THE PARTNERSHIP IS BEING DISSOLVED PURSUANT TO THE TERMS OF THE

CERTIFICATE AND AGREEMENT OF LIMITED PARTNERSHIP AND WITH THE CONSENT

OF THE GENERAL PARTNER.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: JANUARY 31, 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.

*Robert Wedelund*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2021 MAR 20 PM 3:35

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**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:  
COLUMBIA TIMBERLANDS, LTD.

Description of information that must be included in a claim:

NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON OR ENTITY MAKING THE

CLAIM; THE AMOUNT OF THE CLAIM; THE DATE THE CLAIM WAS INCURRED; AND

A DESCRIPTION OF THE CLAIM.

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

LEE D. WEDEKIND, JR.

5345 ORTEGA BOULEVARD, SUITE 7

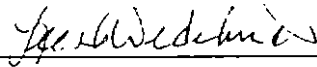
JACKSONVILLE, FL 32210

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:

LEE D. WEDEKIND, JR

Printed Name



Signature

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

2021 MAY 20 PM 3:35  
FILED  
CLERK OF THE COURT  
JACKSONVILLE, FL

FILED

**STATEMENT OF TERMINATION  
FOR**

COLUMBIA TIMBERLANDS, LTD.

\_\_\_\_\_  
(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 FEBRUARY 27, 1989, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

*Lyndee Wedekind* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
TALLAHASSEE, FL  
MAR 20 2021

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