49500001650

(Re	questor's Name)	
(Address)		
— (Ad	diess)	
(Cit	y/State/Zip/Phone #	/)
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11/18/21--01022--007 **\$2.50



COVER LETTER?

TO: Registration Section
Division of Corporations
SUBJECT: Woodland Partnership, Ltd. (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: H. Edward Garvin
(Contact Person)
Florida Woodland Group, Inc.
(Firm/Company)
PO Box 357845
(Address)
Gainesville, FL 32635-7845
(City, State and Zip Code)
For further information concerning this matter, please call:
Ed Garvin at () 334-1976
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee S113.75 Filing Fee, 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

CERTIFICATE OF DISSOLUTION FOR

Woodland Partnership, Ltd.		
(Name of Florida Limited Partnership o	or Limited Liability Li	mited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 10/3/document number A95000001650 Dissolution.	ted partnership, wh 0/1995	
FIRST: Reason for dissolution: (S	State why partners	hip is submitting dissolution)
Complete liquidation of partnership and co	essation of business	
SECOND: A Notice of Dissol (Check box if a		
Department of State.)	e than 90 days after the spolical	e date this document is filed by the Florida ble statutory filing requirements, this date will of State's records.
Signatures of each general partner or the po		ant to s. 620.1803(3) or (4), F.S.:
florida Wood land, IN	_	-
General Person	_	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	FILEC 2021 NOV 18 A SECRETARY OF ALL AHLESSEE, J

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: Woodland Partnership. Ltd.

Description of information that must be included in a claim:

All facts, circumstances, dates, documents reasonably necessary to establish and to assess the validity of the claim together with the identity and physical address of all natural persons and other legal entities involved in or having an interest in the claim.

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

PO Box 357845

Gainesville, FL 32635-7845

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:

Dennis G. Lee, President
Printed Name
Signature

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