

A95000001877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

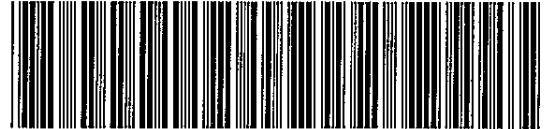
(Business Entity Name)

(Document Number)

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06 JAN -4 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN JAN - 4 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wilroad Associates Limited Partnership  
(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:

David E. Todd

(Contact Person)

State Board of Administration

(Firm/Company)

1801 Hermitage Blvd., Suite 100

(Address)

Tallahassee, Florida 32308

(City, State and Zip Code)

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For further information concerning this matter, please call:

Johanna E. Nunez at ( 850 ) 413-1181  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

**Wilroad Associates Limited Partnership**

(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 December 6, 1995, hereby submits this Certificate of Dissolution.

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SECRETARY OF STATE

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

All of the partners agreed to the dissolution of the  
partnership and the business of the partnership has been  
wound-up.

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

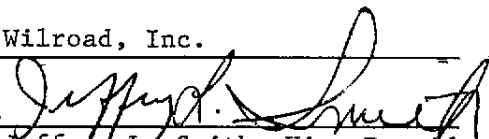
**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

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

Wilroad, Inc.

By:

  
Jeffrey L. Smith, Vice President

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