

A 97000000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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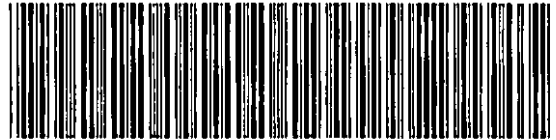
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wiland Limited, LLP

(Name of Partnership)

DOCUMENT NUMBER: A97000000893

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

Please return all correspondence concerning this matter to the following:

Suzanne Anderson

(Name of Person)

(Firm/Company)

4715 Grandview Ave.

(Address)

New Port Richey, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Anderson at (727) 847-4391

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E069 (9/15)

CANCELLATION OF PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to cancel a partnership statement:

(Note: A cancellation of a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being canceled was previously filed and is of record with this office.)

FIRST: The name of the partnership is: Wiland Limited

SECOND: The partnership was registered with the Florida Department of State on 05/01/1997
and assigned registration number A97000000893

THIRD: This cancellation cancels the following statement

- ☐ Statement of Partnership Authority filed on _____, assigned document number GP _____
- ☐ Statement of Dissolution filed on _____, assigned document number GP _____
- ☐ Statement of Denial filed on _____, assigned document number GP _____
- ☐ Statement of Dissociation filed on _____, assigned document number GP _____
- ☐ Statement of Merger filed on _____, assigned document number GP _____
- ☒ Statement of Limited Liability Partnership Qualification filed on 05/01/1997, assigned
document number LLP A97000000893

FOURTH: Text/Substance of Cancellation:
Property was sold on 11/30/2018

FIFTH: Effective date, if other than the date of filing: 12/30/2018

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

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.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 12 day of March, 2019

Signatures of a partner or authorized person: Suzanne Anderson

Typed or printed name of person signing above: Suzanne Anderson

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)