A97000002811

| (Requ | uestor's Name) | |
|-----------------------------|-----------------|-------------|
| (Adda | ress) | |
| nbbA) | ess) | |
| (City/ | State/Zip/Phoni | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Дось | ıment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ling Officer: | , |
| | | |
| | | |
| | | |

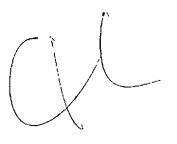
Office Use Only



400420715774

12/21/28--01080--022 **52.50

2023 DEC 21 A410: 3



COVER LETTER

| 10: Registration Section | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Division of Corporations | |
| SUBJECT: WLD CAPITAL PARTNERS. I | |
| (Name of Florida Limited Pa | artnership or Limited Liability Limited Partnership) |
| The enclosed Certificate of Dissolution Please return all correspondence concern Shelley Marciano | |
| (Conta | act Person) |
| WLD Enterprises, Inc. | |
| (Fum | (Company) |
| 401 E Las Olas Blvd, Suite 2200 | |
| (Ad | dress) |
| Fort Lauderdale, FL 33301 | |
| (Cny. State) | and Zip Code) |
| For further information concerning this i | matter, please call; |
| Shelley Marciano | 954 523-7771 at ()_ |
| (Name of Contact Person) | at () (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following am | nount: |
| \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status | S105.00 Filing Fee and Certified Copy Certificate of Status |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P. O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, FL 32314 |

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

| WED CAPITAL PARTNERS, LTD. | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (Name of Florida Limited Partnership o | r Limited Liability Limited Partnership) | _ |
| partnership or limited liability limit Florida Department of State on 12/2 | n 620.1203. Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 2/1997, assigned Florida, hereby submits this Certificate of | |
| FIRST: Reason for dissolution: (9 | State why partnership is submitting dissolution) | |
| Winding down partnership | | 202 |
| | , , , , , , , , , , , , , , , , , , , | —3E |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | — AH ID: |
| SECOND: A Notice of Disso (Check box if a | | : 37 |
| Department of State.) | e than 90 days after the date this document is filed by the Flori s not meet the applicable statutory filing requirements, this dat | |
| - · | erson appointed pursuant to s. 620.1803(3) or (4), F.S.: | |
| Milley har Sec. it the bonnae Part | 1 0- | <u> </u> |
| EW 6 | | |
| Filing Fee: Certified Copy (optional): | \$52.50 \$52.50 | |
| Certificate of Status (optional): | \$8.75 | |

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:

| WLD CAPITAL PARTNERS, LTD. | <u>'</u> | |
|----------------------------------------------------------------------------------------------------------------------------|----------------------|-------------|
| Description of information that must be included in a claim: Efforts made to collect / contacts used in collection efforts | ; ; : | 7023 050 21 |
| | | |
| | | 10:13/ |
| Mailing address where claims can be sent: (Claims cannot be sent to the Florida D | epartment of State) | 3/ |
| WLD Enterprises, Inc. | | |
| 401 E Las Olas Blvd., Suite 2200 | | |
| Fort Lauderdale, FL 33301 | | |
| | | |

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:

| Shelley Marciano | Shelley Ma |
|------------------|-----------------------|
| Printed Name | Six. of the Signature |

COVER LETTER

| TO: Registration Section | |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Division of Corporations | |
| SUBJECT: WLD CAPITAL PARTNERS, LT | D. |
| (Staine of Florida Limited Parti | letsing of Elither Elability Elithica Factorising) |
| The enclosed Certificate of Dissolution ar Please return all correspondence concerni Shelley Marciano | |
| (Contact | t Person) |
| WLD Enterprises, Inc. | |
| (Firm/C | ompany) |
| 401 E Las Olas Blvd, Suite 2200 | |
| (Addr | ess) |
| Fort Lauderdale, FL 33301 | |
| (City, State ar | nd Zip Code) |
| For further information concerning this m | natter, please call: |
| Shelley Marciano | 954 523-7771 at () |
| (Name of Contact Person) | at ()(Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount | ount: |
| \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status | S105.00 Filing Fee and Certified Copy Certificate Of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

| WLD CAPITAL PARTNERS, LTD. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| (Name of Florida Limited Partnership or Limited Liability Limited Partnership) | |
| Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limite partnership or limited liability limited partnership, whose certificate was filed with Florida Department of State on 12/22/1997, assigned Florida Department number A97000002811, hereby submits this Certificate of Dissolution. | the |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) | ŀ |
| Winding down partnership | 20 |
| | 23 |
| | <u></u> |
| | 2 |
| | ———— Œ1, |
| SECOND: A Notice of Dissolution is attached. (Check box if attached.) | AY 0: 37 |
| THIRD: Effective date, if other than the date of filing: 12/31/2023 | |
| Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Department of State.) | ? Florida |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the state as the document's effective date on the Department of State's records. | his date wil |
| Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: | |
| Sec. of the bonnae Partie | |
| Dec. of the bonnac surface | |

\$52.50

Filing Fee:

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: WLD CAPITAL PARTNERS, LTD. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| Description of information that must be included in a claim: |
| Efforts made to collect / contacts used in collection efforts |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) |
| WLD Enterprises, Inc. |
| 401 E Las Olas Blvd., Suite 2200 |
| Fort Lauderdale, FL 33301 |
| 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: |
| Shelley Marciano Hulley Ma |
| Printed Name Printed Name Signature Signature |

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