(((H230004329213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHITE/PETERMAN PROPERTIES, INC.

Account Number : I20210000047 Phone : (219)757-3730 : (219)680-4255 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL WPPI NAPLES TF NORTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help .

DEC 21 2023

05

T. LEMIEUX

Fax Audit #H23000432921 3

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WPPI NAPLES TF NORTH, LLC	
(Name of limited liability company)	· · · · · · · · · · · · · · · · · · ·
DELAWARE	
(Jurisdiction of its organization)	
APRIL 27, 2020	
(Date registered with Florida Department of State)	
M2000004012	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this sta	ate.
Effective Date, it other than the date of filing:	_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be detailed by the date will not be date will not be detailed by the date will not be detailed by the date will not be	g requirements,
A mic	
(Signature of authorized representative)	_
Jason Weisler, Secretary of the Manager of Operating Member of the Sole Member	
(Typed or printed name of signee)	
	<del>ر ۔</del> ِ
	7.42 <del>7.7</del>
	 ت