

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code and Daytime Telephone Number)

- \$52.50 Filing Fee \$105.00 Filing Fee and Certified Copy.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF DISSOCIATION
FOR
GENERAL PARTNER
OF
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

_____.

2. The name of the dissociating general partner is:

_____.

Signature of Dissociating General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50