

A02 00000 1627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

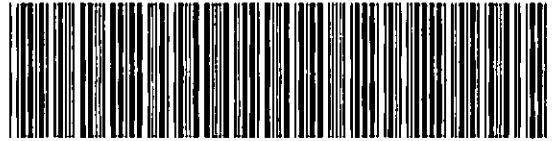
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
JUN 05 2022

1P

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scherer Realty LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A02000001627

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

Please return all correspondence concerning this matter to:

Jacqueline Latorre, Registered Agent

(Contact Person)

Scherer Realty LLLP

(Firm/Company)

633 S. Federal Hwy, 6th Floor

(Address)

Fort Lauderdale, FL 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Latorre

(Name of Contact Person)

at (954) 462-5500

(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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

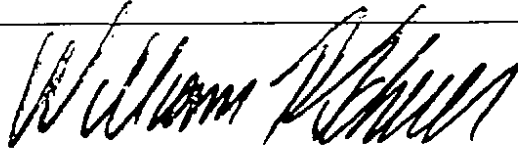
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Scherer Realty LLLP

2. The name of the dissociating general partner is:

William R Scherer



Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50