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(Ba	museter's Name		
(Requestor's Name)			
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(Address)			
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S. HAWKES

APR I 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bates Family Par			
(Name of Florida Limited Pa	artnership	or Limited Liab	ility Limited Partnership)
DOCUMENT NUMBER: A020	00000	840	
The enclosed Statement of Dissocia	ition and	fee(s) are sul	bmitted for filing.
Please return all correspondence con	ncerning	this matter to	o:
Mark W. Bates		,	
(Contact Perso	n)		
Bates Family Partners, L.I	L.L.P.		
(Firm/Compar	ny)		
P.O. Box 205			
(Address)			_
Quincy, FL 32353-0205			
(City, State and Zi	n Code)	<u>-</u> -	
(City, State and 2)	p code;		
For further information concerning	this mat	ter, please cal	11:
Cathi C. Wilkinson		at (850	668-4130
(Name of Contact Person)			ode and Daytime Telephone Number)
\$52.50 Filing Fee		\$105.00 Fili	ng Fee and Certified Copy.
STREET ADDRESS:		MA	ILING ADDRESS:
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle			. Box 6327
Tallahassee, FL 32301		ı anı	ahassee, FL 32314
CD2E118 (01/06)			





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:

Bates Family Partners, L.L.L.P.

2. The name of the dissociating general partner is:

Nancy Bates Curley

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50