

A0100000 1485

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TALLAHASSEE, FLORIDA

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J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DERMATOLOGY ASSOCIATES OF BREVARD, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A01000001485

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

Please return all correspondence concerning this matter to:

MATTHEW J. MONAGHAN, ESQ.

(Contact Person)

CANTWELL & GOLDMAN, P.A.

(Firm/Company)

96 WILLARD STREET, SUITE 302

(Address)

COCOA, FL 32922

(City, State and Zip Code)

For further information concerning this matter, please call:

MARIO J. SEQUEIRA

(Name of Contact Person)

at ( 321 )

698-0642

(Area Code and Daytime Telephone Number)



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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

CR2E118 (01/06)

**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:

DERMATOLOGY ASSOCIATES OF BREVARD, LLLP      A01000001485

2. The name of the dissociating general partner is:

MICHAEL S. SPICER, M.D.



Signature of Dissociating General Partner

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

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