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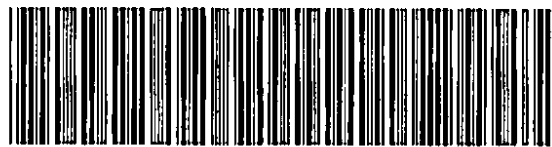
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STATE OF FLORIDA
TALLAHASSEE, FL

2022 SEP -6 PM 3:31

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Erdman Family Limited Partnership II
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A 0100000 1674

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

Please return all correspondence concerning this matter to:

Dawn Maharry
(Contact Person)

Erdman Family Limited Partnership I
(Firm/Company)

1100 Thornwood Dr - Office
(Address)

Heath, OH 43056
(City, State and Zip Code)

For further information concerning this matter, please call:

Dawn Maharry at (740) 281-3236
(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

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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:

Erdman Family Limited Partnership II

2. The name of the dissociating general partner is:

Charles J. Erdman, Jr

Deceased see copy of death certificate
Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

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BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016014778

DATE ISSUED: February 2, 2016

DECEDENT INFORMATION

STATE FILE DATE: February 2, 2016

NAME: CHARLES JOSEPH ERDMAN JR

DATE OF DEATH: January 29, 2016

SEX: MALE

SSN: 233-52-0184

AGE: 081 YEARS

DATE OF BIRTH: July 31, 1934

BIRTHPLACE: LEBANON, PENNSYLVANIA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 27008 OAKWOOD LAKE DRIVE

LOCATION OF DEATH: BONITA SPRINGS, LEE COUNTY, 34134

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): D'ARCY MCCLEARY

RESIDENCE: 27008 OAKWOOD LAKE DRIVE, BONITA SPRINGS, FLORIDA 34134, UNITED STATES

COUNTY: LEE

OCCUPATION, INDUSTRY: OWNER / OPERATOR, REAL ESTATE DEVELOPMENT

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean☐ American Indian or Alaskan Native-Tribe:☐ Vietnamese☐ Other Asian:☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl.☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: CHARLES JOSEPH ERDMAN SR

MOTHER: PAULINE ARABELLA BROWN

INFORMANT: D'ARCY ERDMAN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 27008 OAKWOOD LAKE DRIVE, BONITA SPRINGS, FLORIDA 34134, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: SHIKANY'S BONITA CREMATORY
BONITA SPRINGS, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: J. DAVID STALLINGS, F044304

FUNERAL FACILITY: SHIKANY'S BONITA FUNERAL HOME F040865

28300 TAMiami TRAIL SOUTH, BONITA SPRINGS, FLORIDA 34134

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2130

CERTIFIER'S NAME: RATHNA BUSHAN

CERTIFIER'S LICENSE NUMBER: ME55449

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ARTERIOSCLEROTIC HEART DISEASE

MONTHS

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr)

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

State Registrar

REQ: 2016695019

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.