

A030000001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

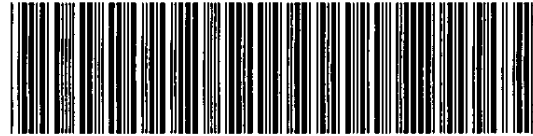
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 14 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2012

TIM COBBLE
3661 CASSIA DR.
ORLANDO, FL 32828

SUBJECT: COBBLE INFORMATION SERVICES LTD.
Ref. Number: A03000001751

We have received your document for COBBLE INFORMATION SERVICES LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The company must be active in order to file statement of dissociation.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00008930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Culture Information Services Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: AD3000001751

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

Please return all correspondence concerning this matter to:

Tim Cobble

(Contact Person)

(Firm/Company)

3661 Cassia Dr

(Address)

Orlando FL 32828

(City, State and Zip Code)

For further information concerning this matter, please call:

Tim Cobble

(Name of Contact Person)

at

(407) 207-6036

(Area Code and Daytime Telephone Number)

☒ \$52.50 Filing Fee

☐

\$105.00 Filing Fee and Certified Copy.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Cobble Information Services LTD. A03000001751

2. The name of the dissociating general partner is:

Kimberly S Cobble

Kimberly S Cobble
Signature of Dissociating General Partner

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