

A 04 000000839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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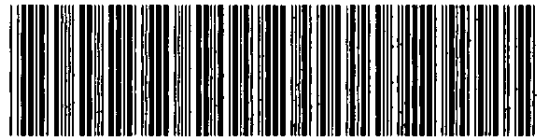
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 9 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wellworth Holding, Ltd.

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

**DOCUMENT NUMBER:** A04000000839

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

Please return all correspondence concerning this matter to:

Kim Hall

(Contact Person)

Stodghill Law Firm Chartered

(Firm/Company)

PO Box 2431

(Address)

Greenville, SC 29602

(City, State and Zip Code)

For further information concerning this matter, please call:

Kim Hall

(Name of Contact Person)

at ( 864 ) 770-6166

(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

CR2E118 (01/06)

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TALLAHASSEE, FLORIDA

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

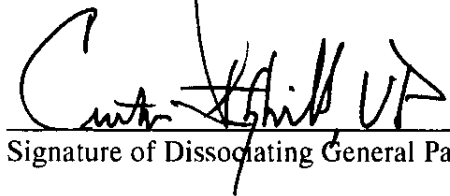
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Wellworth Holding, Ltd.

2. The name of the dissociating general partner is:

Dockmaster Investments, Inc.



Signature of Dissociating General Partner

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