

A0500000 1097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

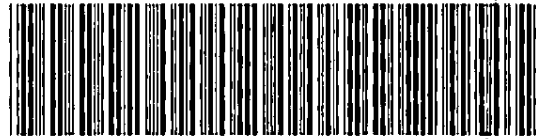
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/21/18--01006--016 \$52.50

10 JAN 28 PM 1:33

CLERK
OF STATE
CORPORATIONS

Statement of
Dissociation

JAN 31 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A05000001097

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

Please return all correspondence concerning this matter to:

Michael Presley

(Contact Person)

(Firm/Company)

1045 S. State Rd 7 - # 100

(Address)

Wellington Florida 33414

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert Presley
(Name of Contact Person)

at (561) 623-8300
(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

12 JAN 22 PM 1:33

FILED
STATE
REGISTRATION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

MICHAEL PRESLEY
1045 S STATE RD 7 - #100
WELLINGTON, FL 33414

SUBJECT: BMP FAMILY LIMITED PARTNERSHIP
Ref. Number: A05000001097

We have received your document for BMP FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a Statement of Dissociation and a Certificate of Amendment for this Limited Partnership. The fee for each is \$52.50 so we will need an additional \$52.50 to file both of them. To file the Certificate of Amendment you must also have a current active general partner to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00000532

2019 JAN 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

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

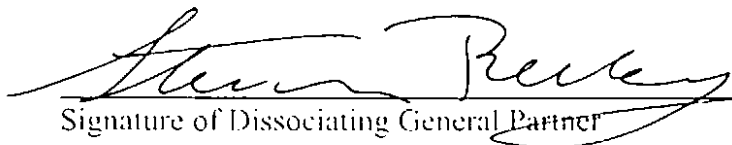
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

BMP Family Limited Partnership

2. The name of the dissociating general partner is:

Steven Presley


Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

19 JAN 28 PM 1:29

2000
JAN 28 PM 1:29
FILING
SECTION