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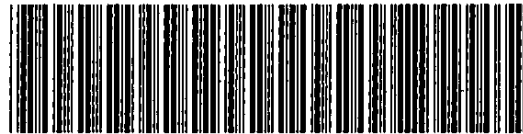
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TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A05000001513

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

Please return all correspondence concerning this matter to:

JORGE SUREZ-MURIN
(Contact Person)

Calamviz LLC
(Firm/Company)

275 HARBOR DRIVE
(Address)

Key Biscayne FL 33149
(City, State and Zip Code)

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For further information concerning this matter, please call:

JORGE SUREZ-MURIN at (305) 361-2272
(Name of Contact Person) (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

**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:

Calamosa Family Limited Liability Partnership LLP

2. The name of the dissociating general partner is:

Alison Calamosa


Signature of Dissociating General Partner

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

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