

A05000001836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

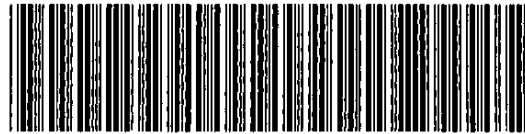
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

FEB -1 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 15th Street West Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Timothy Nash  
(Contact Person)  
Orion Legacy Group Inc  
(Firm/Company)  
4004 Sebb Island Cir W  
(Address)  
JACKSONVILLE FL 32224  
(City, State and Zip Code)

For further information concerning this matter, please call:

Timothy Nash at ( 904 ) 4723455  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee      ☐ \$61.25 Filing Fee and Certificate of Status  
☐ \$105.00 Filing Fee and Certified Copy      ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

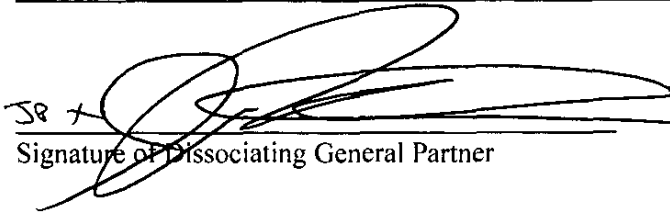
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

15th Street West Limited Partnership

2. The name of the dissociating general partner is:

Bluefin Investment Group Inc.

JP +   
Signature of Dissociating General Partner

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

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TALLAHASSEE, FLORIDA

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