

A05 000002018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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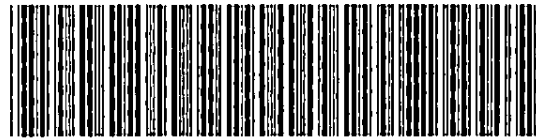
(Business Entity Name)

(Document Number)

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FEB 12 2021

2021 JAN -4 AM 9:14

Statement
or
Dissolution for

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A 05 0000 0 2018

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

Please return all correspondence concerning this matter to:

Shawn Berryman
(Contact Person)

CTL Berryman Properties
(Firm/Company)

630 Lake Ella Road
(Address)

Fruitland Park, FL 34731
(City, State and Zip Code)

For further information concerning this matter, please call:

Shawn Berryman at (352) 874-5230
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☒ \$52.50 Filing Fee

☐ \$105.00 Filing Fee and Certified Copy.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

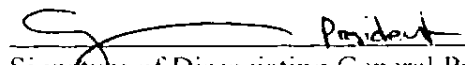
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Berryman Family Limited Partnership

2. The name of the dissociating general partner is:

CTC Berryman Properties Inc.

 President
Signature of Dissociating General Partner

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

11:16 AM 11/11/16