

A0600000 11 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

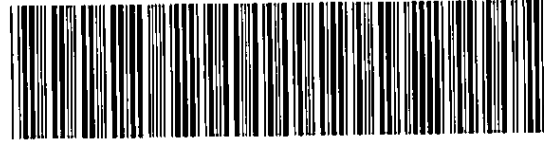
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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JAN -5 PM 3:02
JAN -5 PM 12:25
T. LEMIEUX

T. LEMIEUX
JAN -6 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 1/5/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 986905

ORDER ENTITY

MATTHEW DONALD ANTHONY LIMITED PARTNERSHIP

PLEASE PERFORM THE FOLLOWING SERVICES:

MATTHEW DONALD ANTHONY LIMITED PARTNERSHIP (FL)

File the attached document

NOTES:

\$52.50 Authorized

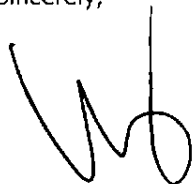
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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:

Matthew Donald Anthony Limited Partnership

2. The name of the dissociating general partner is:

Don & Zelma Waggoner Enterprises, Inc.



Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

22 JUL -5 PM 12:20
FILED