

A06000001530

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(Address)

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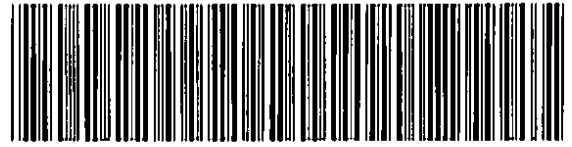
(Business Entity Name)

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

18 AUG 15 AM 6: 15

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K. SALY

AUG 16 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chiles Family Partnership, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A06000001530

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

Please return all correspondence concerning this matter to:

Daniel W. Hartman  
(Contact Person)

Hartman Law Firm, P.A.  
(Firm/Company)

207 W. Park Ave., Suite A  
(Address)

Tallahassee, FL 32301  
(City, State and Zip Code)

For further information concerning this matter, please call:

Daniel W. Hartman at ( 850 ) 443-1754  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Chiles Family Partnership, LLLP

2. The name of the dissociating general partner is:

Edward G. Chiles



\_\_\_\_\_  
Signature of Dissociating General Partner

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