

A06000001530

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(Address)

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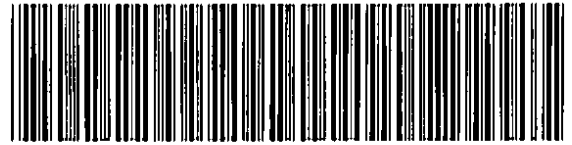
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TALLAHASSEE, FLORIDA

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