

A0700000 1354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

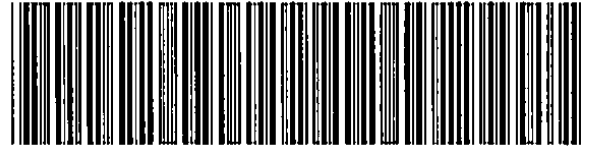
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400345421634

05/29/20 -01011--009 **52.50

FILED
2020 MAY 29 PM 4:54

Stmt Dissocia

JUN 1 6 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drawdy Family Partnership, LLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A07000001354

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

Please return all correspondence concerning this matter to:

John C. Drawdy
(Contact Person)

(Firm/Company)

6831 Lake View Dr
(Address)

Yalaha, FL 34797
(City, State and Zip Code)

For further information concerning this matter, please call:

John Drawdy at (352) 874-2234
(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**

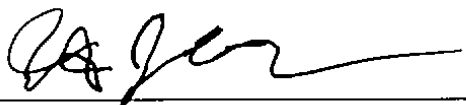
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Draudy Family Partnership, LLP

2. The name of the dissociating general partner is:

H. John Feldman



Signature of Dissociating General Partner

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

FILED
2020 MAY 29 PM 4:54