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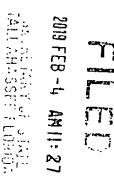
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Ş, a

TO: Registration Section Division of Corporations	
SUBJECT: LEMA Associates, L.P.	
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)
The enclosed Statement of Termination and fe	e(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Daniel J. Kaliner, Esq.	
(Contact Person)	
TMMB Corporation	
(Firm/Company)	
1086 Penllyn Pike	
(Address)	
Blue Bell, PA 19422	20.0
(City, State and Zip Code)	· — 1
For further information concerning this matter	。please call: 第二章
Daniel J. Kaliner	At (215) 542-1222
(Name of Contact Person)	(Area Code and Daytime Telephone Number):
Enclosed is a check for the following amount:	
	\$105.00 Filing Fee, dd Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

STATEMENT OF TERMINATION FOR

LEMA Associates, L.P.		
(Name of Florida Limited Pa	rtnership or Limited Liability Limited Part	nership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Statement of Termination.		
The limited partnership or limited list affairs and wishes to file a statem		oleted winding up
Signatures of each general partner o s. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to	
	Jemalle	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	2019 FEB - 4 AMIL: