

**A08000000881**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
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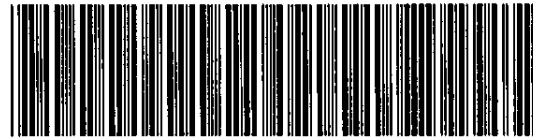
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cacchiotti Family Ventures LP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A08000000881

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

Please return all correspondence concerning this matter to:

Donato Cacchiotti, Managing General Ptr

(Contact Person)

Cacchiotti Family Ventures LP

(Firm/Company)

11581 Enyart Rd

(Address)

Loveland, OH 45140

(City, State and Zip Code)

For further information concerning this matter, please call:

Donato Cacchiotti at ( 513 ) 300-5067  
(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

CR2E118 (01/06)

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13 MAR 27 PM 4: 57  
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:

Cacchiotti Family Ventures LP

2. The name of the dissociating general partner is:

Ralph R. Cacchiotti (deceased)

Ralph R. Cacchiotti by Donato Cacchiotti, Estate  
Signature of Dissociating General Partner      EXECUTOR

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