

A080000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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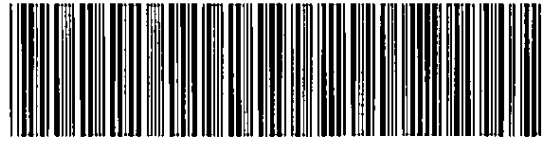
(Business Entity Name)

(Document Number)

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Statement
of
Dissociation

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TO: Registration Section
Division of Corporations

SUBJECT: NORTH RIVER INVESTMENT GROUP LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A08000000959

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

Please return all correspondence concerning this matter to:

RICHARD C BENNETT

(Contact Person)

NORTH RIVER INVESTMENT GROUP LLLP

(Firm/Company)

2020 80TH AVE EAST

(Address)

PARRISH, FL 34219

(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD C BENNETT

(Name of Contact Person)

at (941) 545 6678

(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

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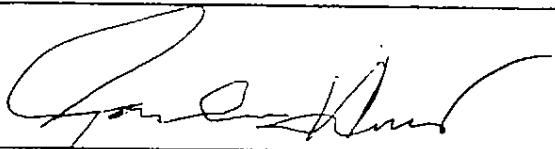
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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:
NORTH RIVER INVESTMENT GROUP LLLP

2. The name of the dissociating general partner is:
RANDALL HUNT



Signature of Dissociating General Partner

7/1/2020

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

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