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TALLAHASSEE, FLORIDA

K. SALY
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SEP - 4 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMZ FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A09000000346

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

Please return all correspondence concerning this matter to:

Catherine E. Gouze, Esq.

(Contact Person)

Gouze Law Group, PA

(Firm/Company)

345 Bayhsore Boulevard, #1208

(Address)

Tampa, FL 33606

(City, State and Zip Code)

For further information concerning this matter, please call:

Catherine E. Gouze

(Name of Contact Person)

at (813) 966-7061

(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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TALLAHASSEE, FLORIDA

**STATEMENT OF DISSOCIATION
FOR
GENERAL PARTNER
OF
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

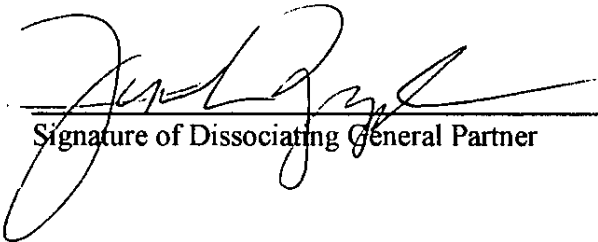
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

JMZ FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

2. The name of the dissociating general partner is:

JOSEPH ZAPPALA



Signature of Dissociating General Partner

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