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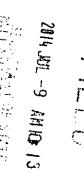
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Davies Patrick Group, LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)		
<b>A</b>		
DOCUMENT NUMBER: A 0 9 000000 8 4 9	_	
The enclosed Statement of Dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Joseph Santon  (Contact Person)  Dayes Patrick Grup LLLP  (Firm/Company)	2	
(Contact Person)	Ī	
Davie Patrick Grand 1110	<u> </u>	
(Firm/Company)		
1.20.0		
6212 Commercial Way 4221	<u>:</u>	
(Address)	٠	
Weela Wachee FL 34613		
Weela Wachee FL 34613 (City, State and Zip Code)		
For further information concerning this matter, please call:		
Joseph Contra 247 672 7192		
Oseph Santoro at (347) 672-7192 (Name of Contact Person) (Area Code and Daytime Telephone Number)		
(Table of contact Forson) (Table code and Baytime Forsphone (Table code an	,	
\$52.50 Filing Fee \$105.00 Filing Fee and Certified Copy.		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations	•	
Clifton Building P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		

CR2E118 (01/06)

## 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:			
Pavi	es Patrick Group, LLLP	7	291
	g '	S; Ec	쥬
2. The name of the dis	sociating general partner is:	93	-9
Jonatha	n Dayes Jones		3
		95	₹
Jak J		112 428 32 (11) 32 (11)	تع
Signature of Dissociati	ng General Partner		

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