	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
		

Office Use Only



300428176083 2021/17 23 PH 3: 26

31 * 53.00



2024 APR 29 PM 3: 10

PECEIVED



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JS Sauls Holdings LLL	P		
	d Partnershi	ip or Limited Lial	oility Limited Partnership)
DOCUMENT NUMBER: A100	00000833		
The enclosed Statement of Disso	ciation an	nd fee(s) are su	bmitted for filing.
Please return ail correspondence	concernir	ng this matter t	o:
James Sauls			•
(Contact Pe	erson)		
JS Sauls Holdings LLLP			
(Firm/Com	pany)	· ····· · · ·	
522 East Jefferson Street			
(Addre	ss)	· · · ·	
Tallahassee, Florida 32301			
(City, State and	Zip Code)		
For further information concerni	ng this ma	atter, please ca	ll:
James Sauls		850 at (251-6050
(Name of Contact Person)			ode and Daytime Telephone Numbe
V		#105 00 EU	ing Fee and Certified Copy.
\$52.50 Filing Fee		\$105.00 Fill	ing ree and Certified Copy.
Mailing Address: Registration Section	П	<u>Stre</u> Regi	et Address: istration Section
Mailing Address:	Ц	<u>Stre</u> Regi Divi	et Address:

CR2E118 (01/06)

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF JS SAULS HOLDINGS, LLLP

Pursuant to the provisions of Section 620.1605, Florida Statutes, the undersigned, served as the Co-Trustee of the General Partner, The James Sanders Sauls Family Trust, dated 12/14/2010, and resigned as co-trustee. As a result, the undersigned is no longer affiliated with the General Partner and files this State of Dissociation to evidence same.

Dated: 4/22/24

Shannon Ewing Sauls