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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Scott-McRae Auto (Name of Florida Limited Parti	motive Group, hership or Limited Liabi	LLLC lity Limited Partnership)	
DOC	UMENT NUMBER: A10000	0000857		
The er	nclosed Statement of Dissociation	on and fee(s) are sub	mitted for filing.	
Please	e return all correspondence conc	erning this matter to	:	
JoAr	nne A. Ackman		_	
	(Contact Person)			
Scott-McRae Automotive Group, LLLP				
	(Firm/Company)		_	
701	Riverside Park Place			
	(Address)		_	
lack	sonville, FL 32204			
Jack	(City, State and Zip C	- 40)		
	(City, State and Zip C	ode)		
For further information concerning this matter, please call:				
JoAr	nne Ackman	at (904	380-4240	
	(Name of Contact Person)	(Area Coo	de and Daytime Telephone Number)	
7	\$52.50 Filing Fee	\$105.00 Filir	ng Fee and Certified Copy.	
STRE	EET ADDRESS:	MAI	LING ADDRESS:	
	tration Section	Registration Section		
Divisi	on of Corporations		Division of Corporations	
	n Building		P. O. Box 6327	
	Executive Center Circle assee, FL 32301	Tallal	nassee, FL 32314	
CR2E1	18 (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:

Scott-McRae Automotive Group, LLLP

2. The name of the dissociating general partner is:

David C. Hodges, Jr.

Signature of Dissociating General Partner

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50