

A120000000821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

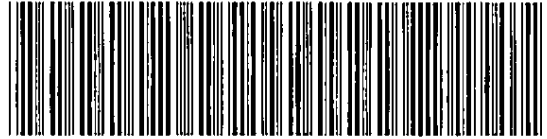
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Statement of
Dissociation

FILED
JUN 21 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL 32399

RECEIVED
JUN 21 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FL 32399

A. RAMSEY
JUN 24 2024

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$52.50

Authorization Signature: 

Business Name: Atrium International Family Limited Liability Limited Partnership

Document # A12000000821

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☒ **Resignation / Dissociation**

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atrium International Family Limited Liability Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A12000000821

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

Please return all correspondence concerning this matter to:

Sandra Z. Green, Esq.

(Contact Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

901 Ponce de Leon Boulevard, Suite 601

(Address)

Coral Gables, Florida 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

szg@jhglaw.com

(Name of Contact Person)

at (305) 372-5100

(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

FILED

2024 JUN 21 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

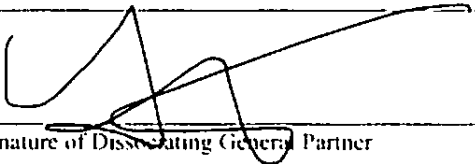
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Atrium International Family Limited Liability Limited Partnership

2. The name of the dissociating general partner is:

GERMAN FRAYND, TRUSTEE


Signature of Dissociating General Partner

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