

A120000000823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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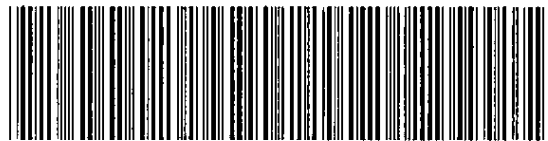
(Business Entity Name)

(Document Number)

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R. HUNT  
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**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:** Alpayya Family Limited Liability Limited Partnership

**Document #** A12000000823

☐ 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:** \_\_\_\_\_

11/12/2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alpaya Family Limited Liability Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A12000000823

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:

Sandra Z. Green

(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

**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:

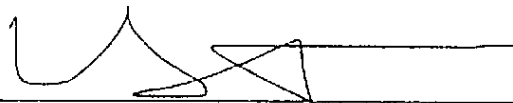
Alpaya Family Limited Liability Limited Partnership

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2. The name of the dissociating general partner is:

GERMAN FRAYND, TRUSTEE

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\_\_\_\_\_  
Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50