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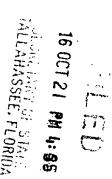
(Requestor's Name)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJECT: Boats 305 LLLP  (Name of Florida Limited Partnership or Limited Liability Limited Partnership)							
DOC	UMENT NUMBER: 90029	0546179	9				
The er	nclosed Statement of Dissoci	ation and	fee(s) are subm	itted for filing.			
Please	return all correspondence co	oncerning	this matter to:				
Jorge	Suarez-Murias						
	(Contact Pers	on)					
Boats	305 LLLP						
	(Firm/Compa	ny)					
6676	SW 115 Ct #408						
	(Address)	)					
Miam	i, FL 33173						
	(City, State and Z	ip Code)					
For further information concerning this matter, please call:							
Jorge	Suarez-Murias		_at (_305	、699-6923			
	(Name of Contact Person)		(Area Code	and Daytime Telephone Number)			
Z	\$52.50 Filing Fee		\$105.00 Filing	Fee and Certified Copy.			
STRE	EET ADDRESS:		MAILI	NG ADDRESS:			
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building			P. O. Box 6327.				
	Executive Center Circle assee, FL 32301		Tallaha	ssee, 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 Lim	ited Partnership or Limited Liability Limited	Partnership is:	
Boats 305 LLLP			•
2. The name of the o	dissociating general partner is:		
Karin Fernandez			,
)/ mu			<b>=</b>
Signature of Dissoci	LAHA	16 OCT 2	
		SSEE,	2
Filing Face	\$52.50	FLOR	整

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