

A210000000644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

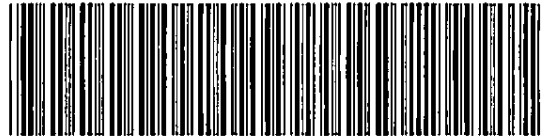
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23 DEC 15 PM 3:34
CLERK OF SUPERIOR COURT
JAN 16 2024

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A21000000644

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

Please return all correspondence concerning this matter to:

Anthony and Marissa Cisneros

(Contact Person)

Starfishlane Family Limited Partnership

(Firm/Company)

11300 SW 68th Ct.

(Address)

Pinecrest, Fl. 33156

(City, State and Zip Code)

For further information concerning this matter, please call:

Anthony j Cisneros

(Name of Contact Person)

at (786) 399-7813

(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

CR2E118 (01/06)

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

FILED
23 DEC 15 PM 3:35
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

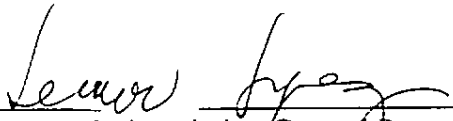
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Starfishlane Family Limited Partnership

2. The name of the dissociating general partner is:

Leonor Lopez



Signature of Dissociating General Partner
Leonor Lopez

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