

A 21209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G&D Eyecare Associates, Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A 21209

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

Please return all correspondence concerning this matter to:

Pat Meade  
(Contact Person)

G&D Eyecare Associates, Limited Partnership  
(Firm/Company)

17633 Gunn Hwy, Suite 364  
(Address)

Odessa FL 33556  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Pat Meade at (813) 926-5700  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☐ \$52.50 Filing Fee

☒ \$105.00 Filing Fee and Certified Copy.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E118 (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:

G&D Eyecare Associates, Limited Partnership

2. The name of the dissociating general partner is:

Sidney Bernstein



Signature of Dissociating General Partner

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

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