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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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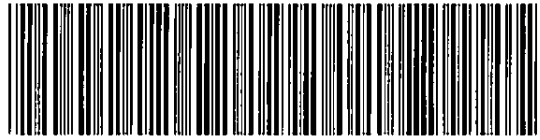
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M& M PAINT AND BODY SHOP EXPRESS, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A22000000473

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

Please return all correspondence concerning this matter to:

CARLOS E MELEAN FUENMAYOR

(Contact Person)

(Firm/Company)

5500 SW ARCHER RD APT K204

(Address)

GAINSVILLE, FL 32608

(City, State and Zip Code)

For further information concerning this matter, please call:

CARLOS E MELEAN FUNMAYOR

at (352) 682-9975

(Name of Contact Person)

(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

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

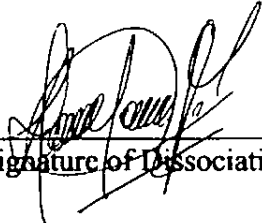
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

M&M PAINT AND BODY SHOP EXPRESS, LLLP

2. The name of the dissociating general partner is:

CARLOS E MELEAN FUENMAYOR



Signature of Dissociating General Partner

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

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