

A22000000535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

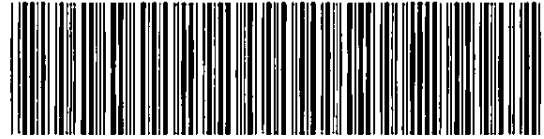
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2024 APR 23 PM 4:41
JUL 14 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spot Cred LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A22000000535

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

Please return all correspondence concerning this matter to:

Fernandes, Andre Luiz

(Contact Person)

Spot Cred LLLP

(Firm/Company)

15333 Honeybell Dr

(Address)

Winter Garden, FL 34787

(City, State and Zip Code)

For further information concerning this matter, please call:

Fernandes, Andre Luiz

at (407) 6699890

(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

FILED
2024 APR 23 PM 4:41
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

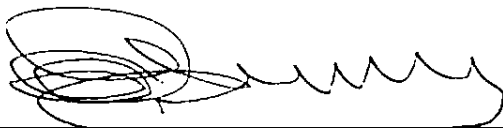
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Spot Cred LLLP

2. The name of the dissociating general partner is:

Fernandes, Andre Luiz



Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50