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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

Moreto, Helder A.

(Contact Person)

SPOT CRED LLLP

(Firm/Company)

1235 CELEBRATION AVE

(Address)

CELEBRATION, FL 34747

(City, State and Zip Code)

For further information concerning this matter, please call:

Moreto, Helder A.

at (407) 535-9367

(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

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

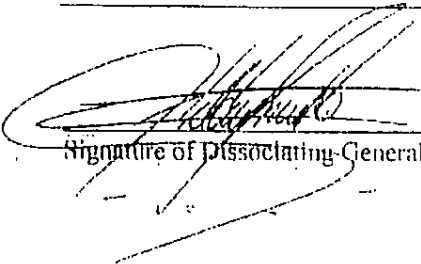
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

SPOT CRED LLP

2. The name of the dissociating general partner is:

MORETO, HEDDER A.


Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FL

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