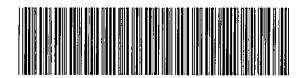
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	(Requestor's Name)				
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	(City/State/Zip/Phone #)				
PICK-U	P WAIT	MAIL			
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Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					
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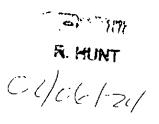
Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	i					
SHR	JECT: TAKTIFUL TRAININ	G SOLUTIC	ONS, LP				
300	(Name of Florida Limite	d Partnershi	p or Limited Liabili	ty Limited Partner	ship)		
DOC	CUMENT NUMBER: A220	00000576		<del></del>			
The o	enclosed Statement of Disso	ociation an	d fcc(s) are subn	nitted for filing.			
Pleas	se return all correspondence	concernin	g this matter to:				
Kevir	ı Abergel						
	(Contact P	erson)		-			
Takti.	ful					- 3	
	(Firm/Con	ipany)		_		- <u>.</u>	
8009	Kingswood Way				:	ر ۍ	
	(Addre	:ss)		_	1.9	5	4
Melb	ourne, FL 32940				် <u>ဂ}</u> တက	]>	
	(City, State and	l Zin Code)		-	لناين!	AH 9: 00	,
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For f	urther information concerni	ing this me	otter inlease call:		, <u>w</u>	0	
	ı Abergel		.321	501-5960			
	(Name of Contact Person)		at ( 321	_) e and Daytime Tele	ephone Numbe	<u></u>	
Ø	\$52.50 Filing Fee	Ø	\$105.00 Filing	g Fee and Certif	ied Copy.		
Mail	ling Address:		Street	Address:			
<u> </u>				ration Section			
·				on of Corporation			
P.O. Box 6327 The Centre of Tallahassee, FL 32314 2415 N. Monroe							
ralli	massco, F1, 32314			assee, FL 32301			
CR2E	E118 (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:

The name of Limited Partnership or Limited Liability Limited Partnership is:  TAKTIFUL TRAINING SOLUTIONS, LP					
2. The name of the dissociating general partner is:  WARREN WERBITT					
Warren Werhitt  F3047C8B34904C7  Signature of Dissociating General Partner					

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 315-3-6 AH 9:00