

A 25665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

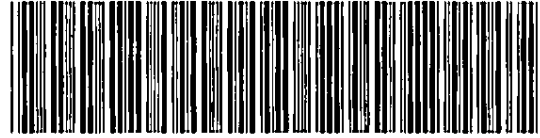
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 25 P 1:43

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APR 03 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A 25665

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 II, LTD

(Firm/Company)

17633 Gunthwy, Suite 364

(Address)

Odessa, FL 33556

(City, State and Zip Code)

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

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

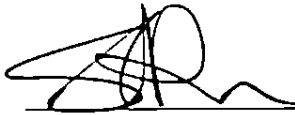
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

G&D EyeCare Associates II, LTD

2. The name of the dissociating general partner is:

Steven Piro



Signature of Dissociating General Partner

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

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