

A27691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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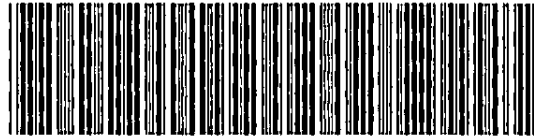
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TO: Registration Section
Division of Corporations

SUBJECT: MACKENZIE LIMITED PARTNERSHIP NO. 1, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A27691

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

Please return all correspondence concerning this matter to:

ROBERT J. LONGCHAMPS, ESQ.

(Contact Person)

THE LAW OFFICES OF ROBERT J. LONGCHAMPS, PLLC

(Firm/Company)

4440 PGA BOULEVARD, SUITE 600

(Address)

PALM BEACH GARDENS, FLORIDA 33410

(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. LONGCHAMPS at (561) 623-5350
(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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SECRETARY OF STATE
TALLAHASSEE, FL

**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:

MACKENZIE LIMITED PARTNERSHIP, NO. 1, LTD.

2. The name of the dissociating general partner is:

DUNCAN E. ROBINSON



Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50