A31577

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
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SECRETARY OF STATE
AND ARASSEE, FLORID

OCT - 5 2009
EXAMINER



September 23, 2009

RICHARD STEIN 24 PROSPECT RD. WESTPORT, CT 06880

SUBJECT: THE STEIN FAMILY LIMITED PARTNERSHIP, LTD.

Ref. Number: A31577

We have received your document for THE STEIN FAMILY LIMITED PARTNERSHIP, LTD. and your check(s) totaling \$1587.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The company must be active before you can file a dissociation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 209A00031185

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Cornerations PO ROY 6227 Tallahaggaa Florida 22214

COVER LETTER

TO: Registration Section Division of Corporations	S			
SUBJECT: THE STEIN FA				
(Name of Florida Limite	ed Partnershi	p or Limited Liab	ility Limited Partnership)	
DOCUMENT NUMBER: A3	1577			
The enclosed Statement of Disse	ociation an	id fee(s) are su	bmitted for filing.	
Please return all correspondence	concernir	ng this matter to):	
Richard Stein				
(Contact F	'erson)			
(Firm/Con	npany)		_	
24 Prospect Road				
(Addre	ess)			
Westport, CT 06880				
(City, State and	d Zip Code)	· · · · · · · · · · · · · · · · · · ·		
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For further information concern	ing this ma	atter, please cal	1:	
Richard Stein		at (203	, 227-6238	
(Name of Contact Person)			ode and Daytime Telephone Num	ber)
\$52.50 Filing Fee		\$105.00 Fili	ng Fee and Certified Copy.	
STREET ADDRESS:		MA	LING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301		i alla	шаssее, ГL 32314	
CR2E118 (01/06)				

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STATEMENT OF DISSOCIATION FOR **GENERAL PARTNER OF**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

THE STEIN FAMILY LTD. PARTNERSHIP, LTD.

2. The name of the dissociating general partner is:

Jacob Stein

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50