

A92000000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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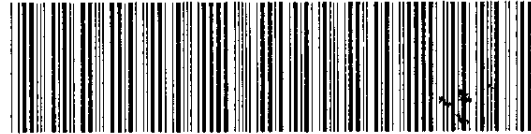
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 NOV -9 AM 8:29

B. KOHR

NOV 10 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smith Family Partners, Ltd., LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A92000000290

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

Please return all correspondence concerning this matter to:

Stuart E. Goldberg

(Contact Person)

Law Offices of Stuart E. Goldberg, PL

(Firm/Company)

Post Office Box 12458

(Address)

Tallahassee, FL 32317

(City, State and Zip Code)

For further information concerning this matter, please call:

Stuart Goldberg at ( 850 ) 222-4000  
(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

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

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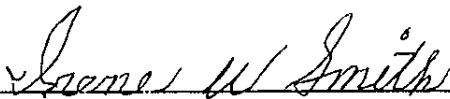
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Smith Family Partners, Ltd., LLLP

2. The name of the dissociating general partner is:

Irene W. Smith



Signature of Dissociating General Partner

**Filing Fee: \$52.50**

**Certified Copy (optional): \$52.50**