

A9400000015

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(City/State/Zip/Phone #)

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(Business Entity Name)

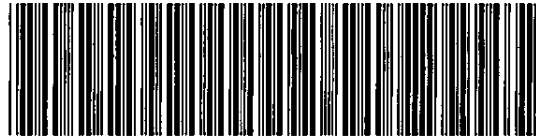
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oscar Langford, Ltd
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A94000000115

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

Please return all correspondence concerning this matter to:

Jimmy Luckey

(Contact Person)

The Luckey Law Firm, LP

(Firm/Company)

PO Drawer 1820

(Address)

LaBelle, FL 33975

(City, State and Zip Code)

For further information concerning this matter, please call:

Jimmy Luckey at (863) 675-7111
(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

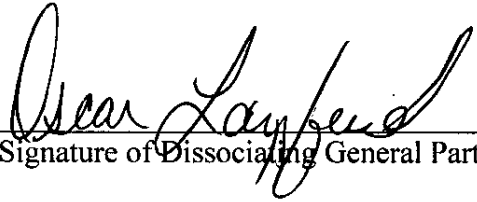
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TALLAHASSEE, FLORIDA

**STATEMENT OF DISSOCIATION
FOR
GENERAL PARTNER
OF
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 is Oscar Langford, Ltd.
2. The name of the dissociating general partner is: Oscar Langford



Signature of Dissociating General Partner

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