

A94000001583

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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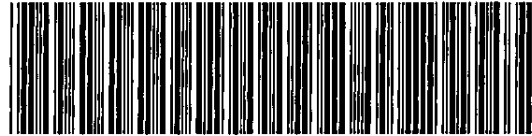
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TO: Registration Section
Division of Corporations

SUBJECT: Thomas L. & Deborah W. Altman Family Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A94000001583

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

Please return all correspondence concerning this matter to:

Deborah W. Altman

(Contact Person)

(Firm/Company)

1000 NE Second Street

(Address)

Belle Glade, Florida 33430

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Thomas L. & Deborah W. Altman Family Limited Partnership

2. The name of the dissociating general partner is:

Thomas L. Altman



Signature of Dissociating General Partner

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

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