

1916 000000925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

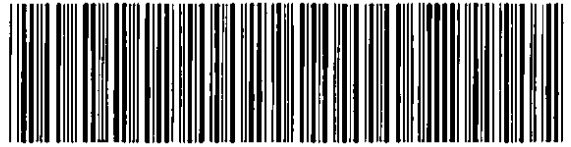
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPICUREAN PARTNERS, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A96000000935

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

Please return all correspondence concerning this matter to:

Andrew Reiss  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

23 DEC -7 PM 12:05

**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:

EPICUREAN PARTNERS, LTD.

2. The name of the dissociating general partner is:

ANDREW REISS

Andrew Reiss

Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50