

A96.000001045

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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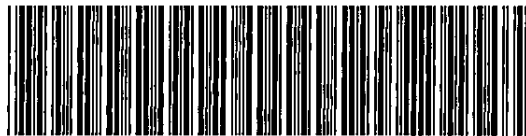
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nassau Bay Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: Acct # 96000001045

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

Please return all correspondence concerning this matter to:

Michael Schwab
(Contact Person)
c/o A.M. A Partnership
(Firm/Company)
1312 Laurel Point Circle
(Address)
Harrisburg PA 17110
(City, State and Zip Code)

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For further information concerning this matter, please call:

Michael Schwab at (717) 236-8001
(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

CR2E118 (01/06)

**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:

Nassau Bay Limited Partnership

2. The name of the dissociating general partner is:

Israel Schwab



Signature of Dissociating General Partner

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

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