

A98000 000264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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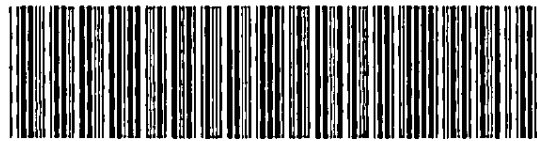
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAYTON CONVENTION HOTEL PARTNERSHIP, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A98000000264

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

Please return all correspondence concerning this matter to:

Mildred C. Dayton

(Contact Person)

DAYTON CONVENTION HOTEL PARTNERSHIP, LLLP

(Firm/Company)

317 Garden Rd

(Address)

Palm Beach, FL 33480

(City, State and Zip Code)

For further information concerning this matter, please call:

Mildred C. Dayton

(Name of Contact Person)

at ( 561 ) 848-8364

(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

**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:  
DAYTON CONVENTION HOTEL PARTNERSHIP, LLLP

2. The name of the dissociating general partner is:  
DAYTON, W. ALAN TRUSTEE

Mildred C. Dayton - For W. Alan Dayton  
Signature of Dissociating General Partner (Deceased)

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

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