

A98000000391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

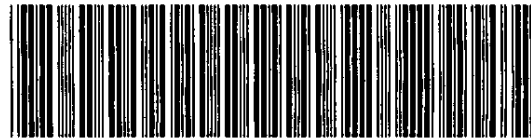
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O SIMMONS

FEB 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Pitts Family Partnership, Ltd

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000000391

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

Please return all correspondence concerning this matter to:

Ron Olsen

(Contact Person)

Strang, Olsen & Lynch, CPAs, P.A.

(Firm/Company)

334 W Olympia

(Address)

Punta Gorda FL 33950

(City, State and Zip Code)

For further information concerning this matter, please call:

Ron Olsen

(Name of Contact Person)

at (941) 639-0888

(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**

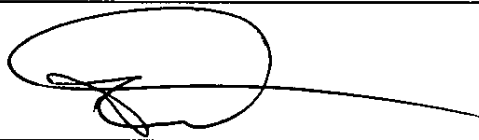
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is:

The Pitts Family Partnership, Ltd

2. The name of the dissociating general partner is:

Steve G. Pitts



Signature of Dissociating General Partner

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

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TAMPA, FLORIDA