

A98000002429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

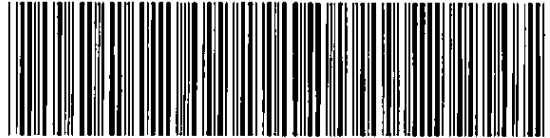
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
11-12-24

Office Use Only



900439186319

11/13/24--01031--018 **27.50

10/25/24--01002--002 **77.50

FILED
2024 NOV 12 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL

M. SOLOMON
NOV 14 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIELDS FAMILY RLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000002429

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

Please return all correspondence concerning this matter to:

DANNIE J. SHIELDS SR.
(Contact Person)

SHIELDS FAMILY RLLP
(Firm/Company)

3294 SPRUCE CREEK GLEN
(Address)

PORT ORANGE, FL 32128
(City, State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 12 PM 1:09

FILED

For further information concerning this matter, please call:

DAN J. SHIELDS SR. at (386) 795-2055
(Name of Contact Person) (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:

SHIELDS FAMILY R.L.L.P.

2. The name of the dissociating general partner is:

MARY KATHRYN SHIELDS


Signature of Dissociating General Partner

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

FILED
2024 NOV 12 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2024

DANNIE J. SHIELDS SR.
SHIELDS FAMILY RLLP
3294 SPRUCE CREEK GLEN
PORT ORANGE, FL 32128

SUBJECT: SHIELDS FAMILY R.L.L.P.
Ref. Number: A98000002429

We have received your document for SHIELDS FAMILY R.L.L.P. and check(s) totaling \$77.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

The form you submitted is for a Florida LLP, but your entity is a Florida LP. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

RECEIVED

NOV 12 2024

Letter Number: 424A00024067