

A99 000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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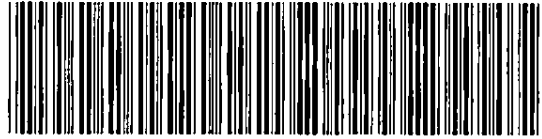
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TO: Registration Section
Division of Corporations

SUBJECT: SIG CAPITAL MANAGEMENT LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A99-000000-606

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

Please return all correspondence concerning this matter to:

Barry Dubner
(Contact Person)
Sig Capital Mgmt LP
(Firm/Company)
8865 Bastille Circle West
(Address)
Parkland FL 33076
(City, State and Zip Code)

For further information concerning this matter, please call:

Barry Dubner at 954-448-4076
(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

CR2E118 (01/06)

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TALLAHASSEE, FL
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**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:

SIG CAPITAL MANAGEMENT LIMITED PARTNERSHIP
(Doc. AGG 000000606)

2. The name of the dissociating general partner is:

Barry H Dubner

Barry H Dubner
Signature of Dissociating General Partner

(Date 2-15-2025
of
Dissolution)

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

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