A99 000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

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)
SigCapital 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

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TALLAHASSEE, FLORIDA

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:

SIG CAPITAL MANAGEMENT LIMITED PARTNERSHIP
(Doc. AGG000000606)

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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