

A99 000000 1559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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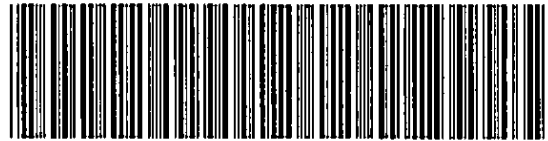
(Business Entity Name)

(Document Number)

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A. BUTLER  
MAR - 3 2023

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE M.D.L.D. FAMILY LIMITED PARTNERSHIP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A99000001589

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

Please return all correspondence concerning this matter to:

DANIEL PELLI

(Contact Person)

(Firm/Company)

475 LAKEWOOD DRIVE

(Address)

WINTER PARK, FLORIDA 32789

(City, State and Zip Code)

For further information concerning this matter, please call:

DANIEL PELLI

(Name of Contact Person)

at ( 917 ) 304-2886

(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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**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:

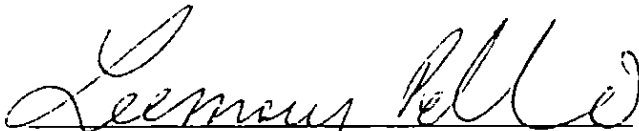
THE M.D.L.D. FAMILY LIMITED PARTNERSHIP

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2. The name of the dissociating general partner is:

LEEMOUR PELLI

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Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50