

BO9 000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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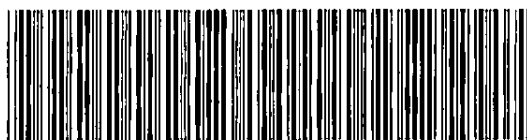
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hochberg Holdings Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B09000000017

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

Please return all correspondence concerning this matter to:

Scott Hochberg

(Contact Person)

Hochberg Holdings Limited Partnership

(Firm/Company)

1930 Harrison Street, Suite 302

(Address)

Hollywood, FL 33020

(City, State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Yolimar Vega at (786) 314-2310
(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**

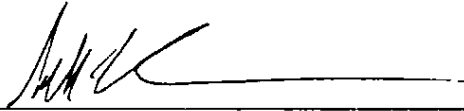
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

Hochberg Holdings Limited Partnership

2. The name of the dissociating general partner is:

Hochberg Family Holdings II, Inc



Signature of Dissociating General Partner

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

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FL