

400000 39834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/06/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA LIABILITY, LLC
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: L10000039834

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

Please return all correspondence concerning this matter to:

MARIA LEONARDO

(Contact Person)

LS ADVISORY GROUP

(Firm/Company)

3801 HOLLYWOOD BLVD STE 100A

(Address)

HOLLYWOOD, FL 33021

(City, State and Zip Code)

For further information concerning this matter, please call:

EDWARD PEREZ

at (786) 295-3139

(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)

**STATEMENT OF DISSOCIATION
FOR
GENERAL PARTNER
OF
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

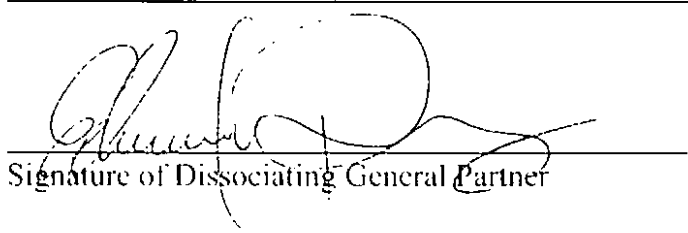
Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

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

SOUTH FLORIDA LIABILITY, LLC

2. The name of the dissociating general partner is:

EDWARD PEREZ


Signature of Dissociating General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

2020 AUG 19 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FL

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