

GP

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Partnership)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF DISSOCIATION FOR PARTNERSHIP

Pursuant to section 620.8704, Florida Statutes, I hereby submit the following statement of dissociation:

FIRST: The name of the partnership is: _____

SECOND: (CHECK ONE)

The partnership was registered with the Florida Department of State on _____

and assigned registration number GP _____ .

The partnership has not registered with the Florida Department of State.

THIRD: The purpose of this document is to state that

_____ has dissociated as a partner from
(Partner's Name)

(Partnership Name)

FOURTH: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement in compliance with s. 620.8105(6) constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S

Signed this _____ day of _____, _____.

(Signature)

(Typed or printed name of person signing above)

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**

