

GP

(For Office Use Only)

COVER LETTER

TO: Reinstatement 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)

Mailing Address:
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**