

# GP

(For Office Use Only)

## COVER LETTER

**TO:** Reinstatement Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Denial 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 DENIAL  
FOR GENERAL PARTNERSHIP**

*Pursuant to section 620.8304, Florida Statutes, I hereby submit the following statement of denial:*

**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 following fact(s) is/are hereby denied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 of Partner or Other Person)

\_\_\_\_\_  
(Typed or Printed Name of Partner Signing Above)

FEES:	
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**