

## 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 \_\_\_\_\_.

☐ 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.)

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.

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**