

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**A01000000626**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NEIMAN & INTERIAN, PLLC  
Account Number : 120180000010  
Phone : (305)530-9400  
Fax Number : (305)530-9409

RECEIVED

2023 SEP 18 AM 11:57

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP  
LARKIN PARTNERS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

2023 SEP 18 PM 5:31  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SEP 19 2023  
K. Brumley

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LARKIN PARTNERS, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:  
ALBERTO INTERIAN, ESQ.

(Contact Person)

NEIMAN & INTERIAN, PLLC

(Firm/Company)

2020 PONCE DE LEON BOULEVARD, SUITE 1005B

(Address)

CORAL GABLES, FLORIDA 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

ALBERTO INTERIAN

at (

305

(Area Code)

530-9400

(Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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# **CERTIFICATE OF DISSOLUTION FOR**

LARKIN PARTNERS, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 05/08/2001, assigned Florida document number A01000000626, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

All of the Partners unanimously consented to the dissolution of the partnership.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature]

Susan Larkin a/k/a Susan Brandner, President of GP

Larkin Management Corporation

Filing Fee: **\$52.50**  
 Certified Copy (optional): **\$52.50**  
 Certificate of Status (optional): **\$8.75**

APPROVED  
AND  
FILED

2023 SEP 18 PM 5:31

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  
LARKIN PARTNERS, LTD.

Description of information that must be included in a claim:

Detailed description of claim together with proof of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State )

3250 Mary Street, Suite 405


Miami, Florida 33133

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Susan Larkin a/k/a Susan Brandner

Printed Name



Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

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