

A0600000000912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

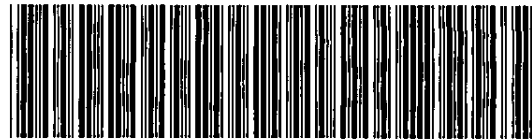
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290101942

09/23/16--01018--004 \*\*25.00

11/03/16--01022--002 \*\*27.50

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16 NOV -3 PM 5:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 04 2016

SU: KER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2016

LAURA STUART  
1515 SOUTH FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FL 33432

SUBJECT: ALTMAN PARTNERS - HIGHLANDS, LTD.  
Ref. Number: A06000000092

RECEIVED  
2016 NOV -2 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ALTMAN PARTNERS - HIGHLANDS, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 016A00020627

**SCANNED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altman Partners - Highlands, 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:

Laura Stuart  
(Contact Person)

The Altman Companies  
(Firm/Company)

1515 S. Federal Hwy, Suite 300  
(Address)

Boca Raton, FL 33432  
(City, State and Zip Code)

For further information concerning this matter, please call:

Laura Stuart at (561) 237-1338  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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

**CERTIFICATE OF DISSOLUTION  
FOR**

Altman Partners - Highlands, 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 3/6/2014, assigned Florida document number AD600000092, hereby submits this Certificate of Dissolution.

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

Business Closed.

**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.)

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

[Signature] Authorized Agent

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16 NOV 3 PM 9:56  
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TALLAHASSEE, FLORIDA

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

**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:

Altman Partners - Highlands, Ltd.

Description of information that must be included in a claim:

Business closed.

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

The Altman Companies

Attn: Laura Stuart

1515 S. Federal Hwy, Suite 300

Boca Raton, FL 33432

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:

Timothy A. Peterson

Printed Name

[Signature]

Signature

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

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16 NOV 29 PM 3:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA