

A080000000069

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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09/23/16--01018--002 \*\*25.00

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2016 DEC 19 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

DEC 22 2016

KS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Altman Partners Miranda - North Lauderdale, 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

(Name of Contact Person)

at ( 561 ) 237-1338

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2016

THE ALTMAN COMPANIES  
LAURA STUART  
1515 SOUTH FEDERAL HWY, STE. 300  
BOCA RATON, FL 33432

SUBJECT: ALTMAN PARTNERS GRANADA - NORTH LAUDERDALE, LTD.  
Ref. Number: A08000000069

RECEIVED  
2016 DEC 19 PM 1:16  
TALLAHASSEE, FLORIDA

We have received your document for ALTMAN PARTNERS GRANADA - NORTH LAUDERDALE, 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):

There is a balance due of \$27.50.

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00023660

**CERTIFICATE OF DISSOLUTION  
FOR**

Altman Partners MIAMI-NORTH LAUDERDALE, 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 1/18/2008, assigned Florida document number AD8000000069, hereby submits this Certificate of Dissolution.

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

Business closed.

FILED  
2008 DEC 19 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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]

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