

A080000000636

(Requestor's Name)

---

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

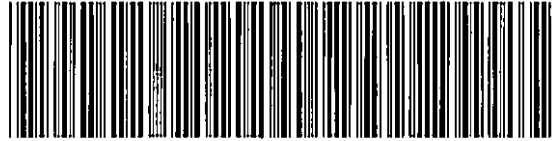
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100372535711

2021 JUN 30 AM 9:24

110

0001 21-0000-0000 44157.00

RECEIVED

2021 AUG 30 PM 4:27

DIVISION OF CONSERVATION  
TALLAHASSEE, FLORIDA

CUS  
LPINSS

AUG 21 2021

ALBRIGHT

61.25

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 8/30 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

**XX CUS**

**XX FILING**

**DISSOLUTION**

**1. ARMINDA FAMILY HOLDINGS, LLLP**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** ARMINDA FAMILY HOLDINGS, LLLP

(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:

JOSEPH L. SCHWARTZ

(Contact Person)

BOIES SCHILLER FLEXNER LLP

(Firm/Company)

2435 HOLLYWOOD BLVD.

(Address)

HOLLYWOOD, FL 33020

(City, State and Zip Code)

For further information concerning this matter, please call:

Joseph Schwartz

(Name of Contact Person)

at ( 954 )

(Area Code)

924-0300

(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**

ARMINDA FAMILY HOLDINGS, LLLP

(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 6/27/2008, assigned Florida document number A08000000636, hereby submits this Certificate of Dissolution.

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

Disposition of its Assets

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**THIRD:** Effective date, if other than the date of filing: Not applicable

(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.:

Arminda Family LLC

By: Arminda Ackerman

Arminda Ackerman, Manager

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

2008 JUN 30 AM 9:24

FILED