

A94000001583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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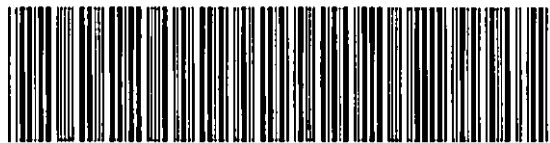
(Business Entity Name)

(Document Number)

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

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18 DEC 11 AM 4:19  
TALLAHASSEE, FLORIDA

K. SALY

DEC 21 2018

METTLER RANDOLPH MASSEY FERGUSON  
CARROLL & STERLACCI, P.L.  
Attorneys at Law

December 10, 2018

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

**SUBJECT:** The Altman Family of the Glades, L.P.

**DOCUMENT NUMBER:** A94000001583

Dear Sir or Madam:

The enclosed Certificate of Dissolution, Statement of Termination and fees are submitted for filing.

*Please file the Certificate of Dissolution 1<sup>ST</sup> and Statement of Termination 2<sup>nd</sup>.*

Please return all correspondence concerning this matter to the following:

Thomas L. Altman  
1000 N.E. 2<sup>nd</sup> Street  
Belle Glade, FL 33430

For further information concerning this matter, please call:

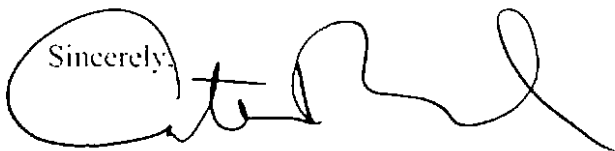
J. Cater Randolph II at 561 833-9631 or Thomas L. Altman at 561 996-0404.

Enclosed is a check for the following amount:

\$52.50 for Certificate of Dissolution  
\$52.50 for Statement of Termination

TOTAL \$105.00 for the Filing Fees.

Sincerely,



J Cater Randolph II

JCR/ms/Enclosure

CERTIFICATE OF DISSOLUTION  
FOR

FILED  
18 DEC 11 AM 4:19

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Altman Family of the Glades, L.P.

(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 November 23, 1994, assigned Florida document number A94000001583, hereby submits this Certificate of Dissolution.

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

The purpose (character of business) of the Partnership under Section 3.1 of the Partnership Agreement

no longer exists.

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

**THIRD:** Effective date, if other than the date of filing: 12/31/2018

(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.:

Parker Altman 12/7/18

Parker Altman

Patrick Altman 12/10/18

Patrick Altman

Deborah Altman 12/10/18

Deborah Altman

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