

A97 000 000 561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

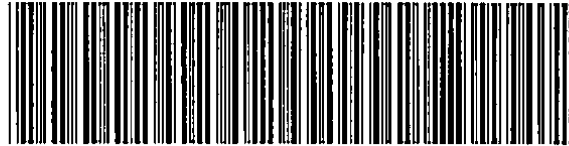
(Business Entity Name)

(Document Number)

Notified Copies _____ Certificates of Status _____

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2020 DEC 18 PM 3:29

DEC 18 2020

M. SOLOMON

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: GOLDFARB Family 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:

SUSAN GOLDFARB GROSSMAN

(Contact Person)

GOLDFARB Family Partners LTD

(Firm/Company)

293 Engle Street

(Address)

Tenafly, NJ 07670

(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD S. FELD CPA

(Name of Contact Person)

at (201) 342-7753

(Area Code)

(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

\$ 27.50

SEE ATTACHED
Letter

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**

GOLDFARB Family 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 MARCH 4, 1997, assigned Florida document number A97000000561, hereby submits this Certificate of Dissolution.

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

NO MORE ASSETS

COMPANY OUT OF BUSINESS

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

THIRD: Effective date, if other than the date of filing: 11-30-2020

(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.:

Susan Goldfarb Bronner

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

SUSAN GOLDFARB GROSSMAN
GOLDFARB FAMILY PARTNERS, LTD
293 ENGLE STREET
TENAFLY, NJ 07670

SUBJECT: GOLDFARB FAMILY PARTNERS, LTD.
Ref. Number: A97000000561

We have received your document for GOLDFARB FAMILY PARTNERS, LTD.
and check(s) totaling \$25.00. However, the enclosed document has not been
filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

The form you submitted is for a General Partnership, but your entity is a Florida
Limited Partnership. Please complete and return the enclosed blank form(s).

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

Mel Solomon
Senior Section Administrator

Letter Number: 220A00022984

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