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(((H220001237173)))



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To:

Division of Corporations

Fax Services

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON

Account Number : 076376001555

Phone Fax Number

: (803)255-9617

: (561)483-7321

*****SECOND REQUEST -PLEASE PROCESS WITH ORIGINAL SUBMISSION DATE OF APRIL 5, 2022. THANK YOU.****

LLC DISSOLUTION OR WITHDRAWAL ALTMAN PEMBROKE MANAGER, LLC

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ARTICLES OF DISSOLUTION ALTMAN PEMBROKE MANAGER, LLC (Document No. L12000087265)

Pursuant to the applicable provisions of Chapter 605, Florida Statutes, the undersigned limited liability company submits the following Articles of Dissolution:

FIRST: The name of the limited liability company is: Altman Pembroke Manager, LLC.

SECOND: The effective date of the limited liability company's dissolution shall be the date of

filing of these Articles of Dissolution.

THIRD: The requisite members of the limited liability company consented in writing to

dissolve the limited liability company.

To the extent that the limited liability company has property and assets, such property FOURTH:

and assets have been distributed to its members in accordance with their respective

rights and interests.

FIFTH: The manager of the limited liability company shall wind up the limited liability

company's activities and affairs.

Signed effective as of | April _5 _, 2022.

MANAGER:

APARTMENT DEVELOPMENT GP, LLC a Florida limited liability company

By:

Old TAC, Inc.,

a Michigan corporation.

its Manager)

Timothy A. Peterson,

Fax Audit Number: H220001237173

NOTICE OF DISSOLUTION FOR ALTMAN PEMBROKE MANAGER, LLC

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

Name of Limited Liability Company: Altman Pembroke Manager, LLC

Document No. of Limited Liability Company: L12000087265

Date of dissolution: The date of filing of the Certificate of Dissolution with the Department of

State.

Description of information that must be included in a claim:

1. Full legal name, address and telephone number of claimant; and

Complete description, date and amount of claim.

Mailing address where claims can be sent:

Altman Pembroke Manager, LLC 201 E. Las Olas Boulevard, Suite 1900 Fort Lauderdale, FL 33301

A claim against the above-named corporation will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

Signed this 5th day of April, 2022.

ALTMAN PEMBROKE MANAGER, LLC, a Florida limited partnership

BY: APARTMENT DEVELOPMENT GP, LLC a Florida limited liability company, its Manager

By: Old TAC, Inc., a Michigan corporation, its Manager

Timothy A. Peterson, EVP

Fax Audit Number: <u>H220001237173</u>