

PO 1 0000 21742

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC
Account Number : 120180000010
Phone : (305)530-9400
Fax Number : (305)530-9409

2023 SEP 18 AM 9:46
FILED
DIVISION OF STATE
TALLAHASSEE, FL

**DISSOLUTION OR WITHDRAWAL
LARKIN MANAGEMENT CORPORATION**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$52.50

2023 SEP 18 AM 10:48

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LARKIN MANAGEMENT CORPORATION

SECOND: The document number of the corporation (if known): P01000021742

THIRD: The date dissolution was authorized: 09/12/2023

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

SUSAN LARKIN A/K/A SUSAN BRANDNER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LARKIN MANAGEMENT CORPORATION

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Detailed description of claim together with proof of claim.

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TALLAHASSEE, FL

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

3250 Mary Street

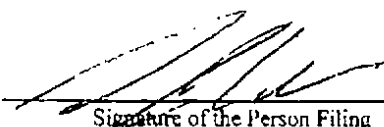
Suite 405

Miami, Florida 33133

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

SUSAN LARKIN A/K/A SUSAN BRANDNER

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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