

A 13000000319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

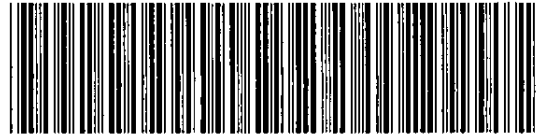
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 MAY -5 PM 4:30
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SUFFICIENCY OF FILING

16 MAY -5 AM 7:18
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HALLAM STREET LONDON

MAY 06 2016

J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 050841 8087481
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : March 9, 2016
ORDER TIME : 3:27 PM
ORDER NO. : 050841-010
CUSTOMER NO: 8087481

DOMESTIC FILINGS

NAME: HB INCOME PROPERTIES LLLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

HB INCOME PROPERTIES 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 06-17-2013, assigned Florida document number A13000000319, hereby submits this Certificate of Dissolution.

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

No operations

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

THIRD: Effective date, if other than the date of filing: 31-DEC-2015

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

James Nafon, Member

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16 MAY -5 AM 7:19
FALL WIND DISTRICT
FLORIDA

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