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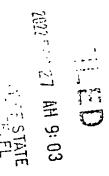
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COVER LETTER

TO: Registration Division of C		•		
SUBJECT:	Aileron Fixe	d Income Fund II, CCC		
	(Name of Lin	nited Liability Company)		
The englosed Articles	of Dissolution and fee(s) are subm	nitted for filling		
	spondence concerning this matter t			
Chris	s Salemi			
	(N	ame of Person)		
Ailer	on Capital Management, LLC			
		irm/Company)		
3401	West Cypress Street, Suite 201			
T	17 22/03	(Addiess)		
l ami	oa, Fl 33607 	tate and Zip Code)		
		, ,		
For further information	n concerning this matter, please cal	N:		
Chris Salemi		at () (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for th	e following amount			
🖻 \$25,00 Piling F	ee and Certificate of Dissolution	(1\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
Mailing Addr		Street Address:		
	Registration Section Registration Section Division of Corporations Division of Corporations			
P.O. Box 63	P.O. Box 6327 The Centre of Tallahassee			
Tallahassee.	Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



. The name of a limited liab	ility company is	, - 1	7922 0.70	27 AM 9: (
	Hileron Fix	red Income fun	d II, LLC	~~~ STA
The Articles of Organizati	on were filed on	11-12-2013	and assigned	. 20 M M. F.
document number	1300015814	<u> </u>		
[(:1(0))]	this block does not me	effective on the date of fili or more than 90 days later than da et the applicable statutory filir tment of State's records.	te troctiment in recorrect	
A description of occurrence 605,0707, Florida Statutes.	ce that resulted in the large to the large to the large that resulted in the large that the larg	limited liability company's ack cover letter).	dissolution pursuan	t to section
		en liquidated/sold and all obli	gations, if any, have b	ieen
If there are no members, e activities and affairs:	nter the name and add	ress of the person appointe	d to wind up the cor	npany's
Signature of an authorized ove to wind up the compan	person or if there are y's activities and affai	no members, the signature rs:	of the person appoin	nted and listed
Robert K Bear	1		K. Beard	
Signature		Print	ed Name	

FILING FEE: \$25.00