

L170000 67772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

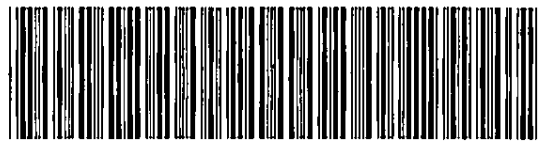
(Business Entity Name)

(Document Number)

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Y SULKER  
AUG 16 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LB3 Group LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lior Bendat  
Name of Person

Firm/Company

3692 Historic Lane  
Address

West Palm Beach, FL 33405  
City/State and Zip Code

liorbendat@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lior Bendat at ( 561 ) 344-5390  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

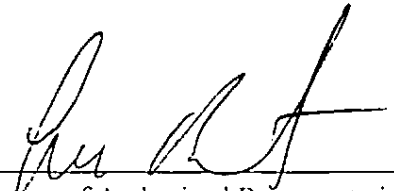
**FIRST:** The name of the limited liability company is: LB3 Group LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000067772

**THIRD:** The date of filing of the initial articles of organization is: 03/24/2017

**FOURTH:** The date of filing of the dissolution is: 07/27/19

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
\_\_\_\_\_  
Signature of Authorized Representative

Lior Bendat  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA