Florida Department of State

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Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065

Phone

; (305)371-5758

Fax Number

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DISS/TERM/CANCEL/REV OF LP/LLP LEDER ENTERPRISES #2, LTD.

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S. WARREN

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COVER LETTER

Division of C				
_{SUBJECT} , LEDE	R ENTERPRISE	ES #2, LTD.		
	f Florida Limited Partners		mited Partnership)	
The enclosed Statem	ent of Termination an	d fee(s) are submitted	for filing.	
Please return all corr	espondence concernin	g this matter to:		
MARK M. HAS				
	(Contact Person)	-		
THERREL BAI	SDEN, LLP			
	(Firm/Company)			
ONE SOUTHE	AST THIRD AVE	E, SUITE 2950		
	(Address)			
MIAMI, FLORIE		}		
((City, State and Zip Code)			
For further information concerning this matter, please call:				
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STATEMENT OF TERMINATION FOR

LEDER ENTERPRISES #	/2, LTD.		
(Name of Florida Limited F	'artnership or Li	mited Liability Limit	ed Partnership)
Pursuant to the provisions of section partnership or limited liability limited polynomers. Florida Department of State on Statement of Termination.	on 620.1203, F ted partnershi bruary 28	Florida Statutes, t p, whose certifica 1, 2018	his Florida limited ite was filed with the , hereby submits this
The limited partnership or limited lits affairs and wishes to file a state	iability limite	d partnership has ation.	completed winding up
Signatures of each general partner s. 620.1803(3) or (4) F.S.	or the person	appointed pursua	nt to
Filing Fee: Certified Copy (optional); Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	<u> </u>	∑ ⊊

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