2/28/2016

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; THERREL BAISDEN, LLP

Account Number: I20140000065

Phone

: (305)371-5758

Fax Number

: (305)371-3178

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

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COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: LEDER ENTERPRISES #2, LTI	D. rtnership or Limited Liability Limited Partnership)		
The enclosed Certificate of Dissolution a Please return all correspondence concern MARK M. HASNER, ESQ.			
(Conta	nct Person)		
THERREL BAISDEN, LLP			
(Finn/	Сотрапу)		
ONE SOUTHEAST THIRD AVENUE, SUITE	2950		
(Ado	lires)		
MIAMI, FLORIDA 33131			
(City, State a	and Zip Code)		
For further information concerning this i	matter, please call:		
MARK M. HASNER, ESQ.	305 371-5758		
(Name of Contact Person)	at ()(Aren Code) (Daytime Telephone Number)		
Enclosed is a check for the following am	ount:		
\$52.50 Filing Fee and Certificate of Status	\$105.00 Piling Fee: and Certified Copy Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tailahassee, FL 32314		

CERTIFICATE OF DISSOLUTION FOR

LEDER ENTERPRISES #2, LTD.	,a	iffic z.	
(Name of Florida Limited Partnership o	or Limited Liability	Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on JUL document number A02000000978 Dissolution.	ted partnership, Y 18, 2002	rida Statutes, this Flori whose certificate was f , assig by submits this Certific	iled with the ned Florida
FIRST: Reason for dissolution: (S	State why partne		solution)
SECOND: A Notice of Disso (Check box if a		d,	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective d	e than 90 days after a not meet the appli	ಜ್ಞಾನ್ : icable statutory filing requir	
not be nated as the document a emetive of	ate on the Departme	,	
Signatures of each gerkra/ partner or the p	erson appointed pu	rsuant to s. 620.1803(3) or ((4), F.S.:
		iy	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		18 MAR - I SEUGLIAKY JAILLAHASSE

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