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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP Account Number : 12013000024 Phone : (215)299-2162

: (215)299-2150 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP LML INVESTMENTS VII, LLLP

| Certificate of Status | () |
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AUG 22 2023 K. Brumbley DocuSign Envelope ID. 253A7648-61D7-4448-8A28-FCBCE357A57F

Certificate of Status (optional):

CERTIFICATE OF DISSOLUTION FOR

| LML Investments VII, LLLP | | | |
|--|--|--|--|
| (Name of Florida Limited Partnership | or Limited Enability | Limited Partnership) | |
| Pursuant to the provisions of section partnership or limited liability lime. Florida Department of State on Declaron number A09000000891. Dissolution, | ited partnership, v cember 16, 2009 | vhose certificate was filed v | with the Florida |
| FIRST: Reason for dissolution: | State why partne | rship is submitting dissoluti | ion) |
| Pursuant to the LLLP Agreement and ag | reement of the partie | us. | |
| | | | <u> </u> |
| | | | |
| | | - | |
| SECOND: A Notice of Disso (Check box if THIRD: Effective date, if other than to (Effective date cannot be prior to nor modepartment of State.) | attached) he date of filing re than 90 days after | the date this document is filed b | y the Florida |
| Department of State.) Note: If the date inserted in this block do not be listed as the document's effective. | es not meet the apple date on the Departme | cable statutory filing requirement ont of State's records | ts, thus date for the first that the first first that the first fi |
| Signatures of each general partner or the | person appointed pur | suant to s (620-1803(3)) or (4), F | |
| LML-SII Investments, LLC | | | <u>्र</u> |
| -By: Samuel Jemal, Manager | | Samuel Jemai | (|
| Filing Fee: Certified Copy (optional): | \$52.50 \$52.50 | art | |

\$8.75

APPROVIL

Tc:

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited hability limited partnership as provided in s 620 1807, F.S.

This "Nonce of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: LML Investments VII, LLLP Description of information that must be included in a claim. Name, Amount, Description of Amounts Due, Dates Due Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State) Samuel Jamal 19 East 77th St. New York, NY 10075 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor entity: LML-SJJ Investments, LLC By: Samuel Jemal, Manager Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52,50.