

A10 000000649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

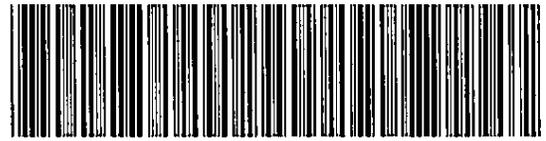
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500329285125

05/20/13--01038--030 **52.50

MILANOSSEI, FLORIDA

2013 MAY 20 P 2 49

FILED

JUN 7 2013

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: LB MERCHANT II, LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Jonathan L. Shepard

(Contact Person)

Shepard PLLC

(Firm/Company)

5500 N. Military Trail #474

(Address)

Boca Raton, FL 33496

(City, State and Zip Code)

For further information concerning this matter, please call:

Jonathan Shepard at (561) 306-2909

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and 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
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION **FILED**

FOR
LB MERCHANT II, LLLP

2019 MAY 20 P 2:48

Pursuant to the provisions of section 620.1203, Florida Statutes, LB Merchant II, LLLP, whose certificate was filed with the Florida Department of State on October 19, 2010, assigned Florida document number A10000000649, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: Dissolution in accordance with the provisions of the Amended and Restated Agreement of Limited Liability Limited Partnership.

SECOND: A Notice of Dissolution is attached.
(Check box if attached)

THIRD: Effective date, if other than the date of filing: _____, 2019
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

General Partner:
LBI Managers, LLC
By its Managing Member:
Littlebanc Advisors, LLC

Dated: May 1, 2019

By: 
Michael Margolies, Manager

**NOTICE OF DISSOLUTION
FOR
LB MERCHANT II, LLLP**

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 liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

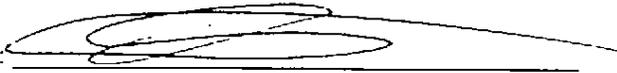
1. Name of Dissolved Limited Liability Limited Partnership: LB Merchant II, LLLP
2. Description of information that must be included in a claim:
 - a. Name and Address of Claimant
 - b. Description of claim (including date(s) relevant to claim)
 - c. Documentary proof of claim
3. Mailing address where claims can be sent: 1615 S Congress Ave #103
Delray Beach, FL 33445

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:

General Partner:
LBI Managers, LLC
By its Managing Member:
Littlebanc Advisors, LLC

Dated: May 1, 2019

By: 
Michael Margolies, Manager