A98000000 169

(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



600344504316

05/19/20--01011--018 **52.50

2020 EXT 19 AH 9: 58

Cent D135

JUN 1 0 2020 LALBRITTON

CERTIFICATE OF DISSOLUTION FOR

Alliant Tax Credit Fund II, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) Pursuant to the provisions of section 620.1203. Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the 01/16/1998 Florida Department of State on ____, assigned Florida A98000000169 , hereby submits this Certificate of document number Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Business has been dissolved **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) **THIRD:** Effective date, if other than the date of filing: (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.: By: Alliant Capital, LTD. a Florida limited partnership, its general partner

By: Brian Goldberg, President of the GP

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75