105000 62668

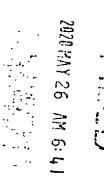
	(Req	uestor's Name)	
	(Add	ress)		
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	(City	/State/Zip/Phor	ne #)	
PICK-U	Р	☐ WAIT		MAIL
	(Bus	iness Entity Na	me)	_
	(Doc	ument Number)	
Certified Copies	Certified Copies Certificates of Status			
Special Instructions	s to F	iling Officer:		
		-		

Office Use Only



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JUN 1 3 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Florida Income F (Name of Limited	Properties #2, LC Liability Company)
	losed Articles of Dissolution and fee(s) are submitted eturn all correspondence concerning this matter to the	
	Andy Phan	of Person)
	Sunbett X P	roperties Management
	4805 N LOCUST G	MUVE Rd
	Meridian, ID 8341 (City/State	and Zip Code)
For fur	ther information concerning this matter, please call:	
	Brand: Halverson (Name of Person)	at (208) 501 - 898 9 (Area Code & Daytime Telephone Number)
	ed is a check for the following amount: Q \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is Florida Income Properties #2, UC
2.	The Articles of Organization were filed on <u>U 23 2005</u> and assigned 3
	document number 10 3000 00 0 10 00
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inscreed 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.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Sold. Final tax yltura filla or
	12/31/2019
	. If there are no members, enter the name and address of the person appointed to wind up the company's
5	activities and affairs: Avay phone - Managing Number
	4805 N LOCUST Grove Rd
	Meridian, 10 83646
e	Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:
(indistriction indistriction Printed Name
	Signature FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company Florida Income properties #2, LC
Document number of Limited Liability Company is:
Date of dissolution was: 12/31/2019
Description of information that must be included in a written claim:
property sold.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
4805 N LOCUST OTROVE RA
Meridian 10 83446

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing