

10000086088

(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



100292129081

12/19/16--01008--010 \*\*100.00

FILED  
2016 DEC 19 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC 20 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HAP II, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira Marcus, Esq.

(Name of Person)

Ira Marcus, P.A.

(Firm/Company)

1313 S. Andrews Avenue

(Address)

Fort Lauderdale, FL 33316

(City/State and Zip Code)

For further information concerning this matter, please call:

Sloan Carr, Esq.

(Name of Person)

at ( 954 ) 523-9696

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 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

FILED  
2016 DEC 19 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
HAP II, LLC

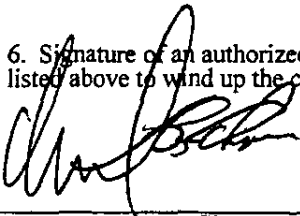
2. The Articles of Organization were filed on 08/16/2010 and assigned  
document number L10000086088

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**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.

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).  
The written authorization of the Members to dissolve the Company.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:



Signature

STEVEN SCHWIMAN

Howard Schwartz

Printed Name

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: HAP II, LLC

Document number of Limited Liability Company is: L10000086088

Date of dissolution was: 12/15/2016

Description of information that must be included in a written claim:

Full name and address of claimant, the nature of and basis for the  
claim, whether the claim is liquidated or unliquidated, and the  
date that the claim(s) accrued.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Ira Marcus, P.A., attn. Ira Marcus, Esq.

1313 S. Andrews Avenue

Fort Lauderdale, FL 33316

(954) 523-9696

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.

  
Howard Schwartz

Printed Name of the Person Filing

STEVEN SCHWARTZ

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**

**FILED**  
**2016 DEC 19 PM 4:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**