

L11000017240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

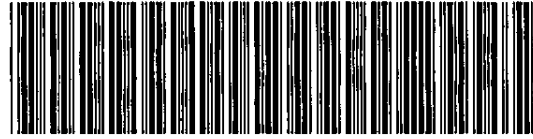
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. Burch FEB 27 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFP-II, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Dardano
Name of Person

Goulston & Storrs PC
Firm/Company

400 Atlantic Avenue
Address

Boston, MA 02110-3333
City/State and Zip Code

jdardano@goulstonstorrs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Dardano at (617) 574-6431
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E141 (12/13)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: LFP-II, LLC

SECOND:

The date of filing of the initial articles of organization is: February 9, 2011

THIRD: The date of filing of the dissolution is:

February 20, 2014

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Brian A. Sullivan
Signature of Authorized Representative

Brian A. Sullivan
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)

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