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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Lippco Capital 2, 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:

Gerald S. Lippes

(Name of Person)

Lippes Mathias Wexler Friedman LLP

(Firm/Company)

50 Fountain Plaza, Suite 1700

(Address)

Buffalo, NY 14202

(City/State and Zip Code)

For further information concerning this matter, please call:

Moira Llabres

_{...}716 218-7585

(Name of Person)

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

1.	The name of a limited liability LIPPCO CAPITAL 2, LLC	company is			
2.	The Articles of Organization were filed on 12/16/13 and assigned				
	document number L13000146	704			
3.	Note: If the date inserted in this	e dissolution if not effective on the date of filing: Decembring the cannot be prior to or more than 90 days later than date document is block does not meet the applicable statutory filing requirement educe on the Department of State's records.	per 31, 2018 s received for filints, this date wi	ing) Il not be	
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 purpose of the company has been accomplished; entity is no longer in use as a holding company.				
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			Allha	EB 1	
]? PI	
5.	If there are no members, enter activities and affairs:	the name and address of the person appointed to wind u	p the compan	y's .	
			, 		
6. lis	Signature of an authorized per ted above to wind up the comp	rson or if there are no members, the signature of the personny's activities and affairs:	on appointed	and	
	More	Gerald S. Lippes			
Signature		Printed Name	Printed Name		

FILING FEE: \$25.00