

L21000102137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

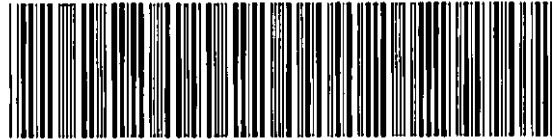
(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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APR 30 2021

#1

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4/28/2021

**\*\*WALK IN\*\***

ENTITY NAME DELTA BRIDGE FUNDING LLC

DOCUMENT NUMBER L21000102137

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

✓  
✓  
✓  
✓

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*  
*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*  
*Certificate of Status*  
*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 55.00

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Kippard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
DELTA BRIDGE FUNDING LLC
  
2. The Articles of Organization were filed on MARCH 10, 2021 and assigned  
document number L21000102137
  
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 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).  
CEASE DOING BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
BORIS SEREBRO, ESQ.  
18851 NE 29th Avenue, Suite 724, Aventura, FL 33180  
\_\_\_\_\_  
\_\_\_\_\_
  
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:

/s/ Boris Serebro

Signature

BORIS SEREBRO

Printed Name

**FILING FEE: \$25.00**