

A07 0000001385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

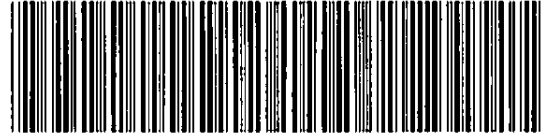
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01-31-25

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2025 JAN 31 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 31 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/31/25--01003--020 *17.50

CERTIFICATE OF DISSOLUTION FOR

BFI Global Total Return Fund, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 7, 2007, assigned Florida document number A07000001385, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The sale or other disposition of substantially all of the assets of the Partnership

The vote of the Limited Partners as provided in the Partnership Agreement

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2024
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

John A. Bourke _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2025 JAN 31 AM 11:18

[Handwritten signature and notes]

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000401587 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAMBRILEARN USA, INC	1150 NW 72ND AVE	<input type="checkbox"/> Add
		TOWER 1 STE 455 #15889	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33126	<input type="checkbox"/> Change
AMBR	RYAN SWARTZBERG	10201 E BAY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		APT 406	<input type="checkbox"/> Remove
		MIAMI, FL 33154	<input type="checkbox"/> Change
AMBR	CLAUDIA SWARTZBERG	52 5TH AVENUE ILLOVO	<input checked="" type="checkbox"/> Add
		JOHANNESBURG 2196, SOUTH AFRICA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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