

A07 000001385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

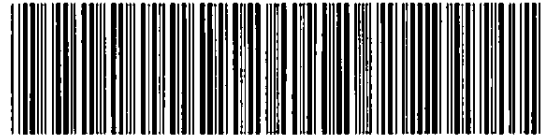
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/31/25--01003--007 52.80
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 31 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 31 AM 10:17

RECEIVED

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

((H24000401587 3)))

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 05th 2024

Rian Swartzberg
Signature of a member or authorized representative of a member

RYAN SWARTZBERG

Typed or printed name of signee