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(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:			
Special instructions to raining Officer.			
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COVER LETTER

то:	Registration Section Division of Corporations			
CHR II	SECURED INVESTMENT FUNDING	G, LLC		
SUBJECT: (Name of Limited Liability Company)				
	closed Articles of Dissolution and fee(s) are submit	-		
Please	return all correspondence concerning this matter to	the following:		
	NATHAN H. TROMBETTI			
	(Nan	ne of Person)		
	SECURED INVESTMENT FUNDING,	LLC		
	(Fire	n/Company)		
	1749 VISCAYA COVE			
		Address)		
	LONGWOOD, FL 32779			
	(City/Sta	te and Zip Code)		
For fur	ther information concerning this matter, please call:			
	NATHAN H. TROMBETTI	407 402 - 3502		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed is a check for the following amount:			
[S25.00 Filing Fee and Certificate of Dissolution	\$2 \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	Mailing Address: Registration Section	Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	тананамес, г.с. 52514	Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	SECURED INVESTMENT FUNDING, LLC		
2.	The Articles of Organization were filed on	09/22/2011 and assigned	FLORIDA	PH 6: 33
	document numberL11000108601		À	w
3.		ior to or more than 90 days later than date document is received for ot meet the applicable statutory filing requirements, this da		be
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	the limited liability company's dissolution pursuant on back cover letter).	to section	
	VOLUNTARY - NO OUTSTANDING OBLIC	GATIONS OR EIABILITY		
5.	If there are no members, enter the name an activities and affairs: NATHAN H.	d address of the person appointed to wind up the com TROMBETTI	pany's	
6. ab	Signature of an authorized person or if ther ove to wind up the company's activities and	e are no members, the signature of the person appoin I affairs:	ted and lis	ted
_/	pt Deti	NATHAN H. TROMBETTI		
•	Signature	Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing and voluntary dissolution.

Name of Limited Liability Company: SECURED INVESTMENT FUNDING, LLC
Document number of Limited Liability Company is: L11000108601
Date of dissolution was:
Description of information that must be included in a written claim:
VOLUNTARY - NO OUTSTANDING OBLIGATIONS OR LIABILITY
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1749 VISCAYA COVE
LONGWOOD, FL 32779

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

NATHAN H. TROMBETTI

Printed Name of the Person Filing

Signature of the Person Filing