23000527218

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PICK-UP WAIT MAIL					
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE : 02/28 ORDER TIME : ORDER NO. : CUSTOMER NO: DOMESTIC FILINGS NAME: Polizzi Mortgage, LLC ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Amanda Miller

COVER LETTER

TO: Registration Section Division of Corporations

CHD IECT.	Polizzi Mongage,	LLC				
SUBJECT:(Name of Limited Liability Company)						
The enclosed Artic	eles of Dissolution and fee(s) are submit	ated for filing.				
	orrespondence concerning this matter to					
	· -					
	Michelle Conner					
_	(Name of Person)					
Real-finity						
_	(Firm/Company)					
	1276 S. Venetian Way					
_	(Address)					
	Miami Beac	eh, FL 33139				
_	(City/St	ate and Zip Code)				
For further inform	ation concerning this matter, please call	l:				
	Michelle Conner	415	624 4430			
	(Name of Person)	at () (Area Code & Day	rtime 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 A		Street Address:				
Registration Section		Registration Section				
	n of Corporations	Division of Corporations The Centre of Tallahassee				
P.O. Bo		2415 N. Monroe Street, Suite 810				
ганана	ssee, FL 32314	Tallahassee, FL 32303				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

i.	The name of a limited liability company is	Polizzi Mortgage, LLC	2024 FEB 28 AM 9: 52		
2.	The Articles of Organization were filed on _	Name change: 12/5/2023	TALLAHASSEE. FLORIDA and assigned		
	document numberL23000527218				
3.	The delayed effective date the dissolution if not effective on the date of filing: 2/1/2024 (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 605.0707, Florida Statutes, (copy 605.0707 c	the limited liability company's don back cover letter).	issolution pursuant to section		
	Company was created in error and has	not been used, nor will be use	ed - administratively nor		
	otherwise				
5.	If there are no members, enter the name and activities and affairs:	address of the person appointed	to wind up the company's		
	Michell	le Conner, Real-finity	· 		
	1276 S.	FL 33139			
6. ab	Signature of an authorized person or if there ove to wind up the company's activities and a	are no members, the signature o	f the person appointed and listed		
M	DocuSigned by: idulle Conner 2/27/2024 DETB58BDEF074F9	Michelle Conr	ner, Acting Manager		
Signature		Printed	d Name		

FILING FEE: \$25.00