

1/5/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL
VFP ASSET FUNDING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2020 NOV -5 PM 4:08

TALLAHASSEE, FL 32309

2020 NOV -5 AM 9:00

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VFP Asset Funding LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam,

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dillon Long

(Name of Person)

VFP Asset Funding LLC

(Firm/Company)

1 Rockefeller Plaza, 32nd Floor

(Address)

New York, NY 10020

(City/State and Zip Code)

For further information concerning this matter, please call.

(Name of Person)

at ()

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VFP Asset Funding LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/10/2017

(Date registered with Florida Department of State)

M17000002049

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (Optional)

(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.)

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.

FILED
2020 NOV - 5 PM 3:11
STATE OF FLORIDA
ALLIANCE



(Signature of authorized representative)

Drew Phillips

(Typed or printed name of signee)

Filing Fee: \$25.00

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