

1/3/24, 9:33 AM

Division of Corporations

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 : COMPUTERSHARE  
Account Number : 110432003053  
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Fax Number : (561)214-8442

2024 JAN -3 PM 4:25  
STATE OF FLORIDA

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LLC DISSOLUTION OR WITHDRAWAL  
UBICQUIA FUNDING I LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

RECEIVED  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Help

K. SALY

JAN - 4 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ubicquia Funding I 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:

Nick-Anthony Buford  
(Name of Person)

Ubicquia Funding I LLC  
(Firm/Company)

11231 U.S. Highway 1, Suite 395  
(Address)

North Palm Beach, FL 33408  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nick-Anthony Buford 561 371-5650  
(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ubicquia Funding I LLC  
 \_\_\_\_\_  
 (Name of limited liability company)

Delaware  
 \_\_\_\_\_  
 (Jurisdiction of its organization)

January 3, 2020  
 \_\_\_\_\_  
 (Date registered with Florida Department of State)

M20000000143  
 \_\_\_\_\_  
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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.



\_\_\_\_\_  
 (Signature of authorized representative)

James Huff

\_\_\_\_\_  
 (Typed or printed name of signee)

**Filing Fee: \$25.00**