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DISS/TERM/CANCEL/REV OF LP/LLP

ATLANTIC ALL RISK INSURANCE BROKERAGE, LP

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CERTIFICATE OF DISSOLUTION FOR

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Atlantic All Risk Insurance Brokerage, LP (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 03/08/2023 , assigned Florida _____, hereby submits this Certificate of document number A23000000121 Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Entity is no longer doing business. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida 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.: ROBERT CONSALVO, GP /S/ ROBERT CONSALVO Filing Fee: \$52.50 Certified Copy (optional): \$52.50

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