# 103000020287

(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:			
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Business Entity Name)  (Document Number)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Business Entity Name)  (Business Entity Name)  (Document Number)  (Document Number)  Certified Copies Certificates of Status	(Address)		
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## COVER LETTER

TO: Registration Section Division of Corporations	7		
SUBJECT: Vanguard Risk Management, LLC (Name of Limited Liability Company)	-		
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Roger D. Fall (Name of Person)			
(Name of Person)			
(Firm/Company)			
6432 Count Turf Trail (Address)			
Tallahassee, FL 32309 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Name of Person) at (850) 894-1330 (Area Code & Day time Telephone Number)	_		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	osed)		

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liability company is  Vansuard Risk Mane	agement, LLC
2. The Articles of Organization were filed on June 3	and assigned document number
3. The date the dissolution was approved: 12-31-	-05
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	ability company's dissolution pursuant to section etter).
	ber of this limited liability
Surpany, I have decided to cl	lose the business and dissolve
the company.	
5. CHECK ONE:	
All debts, obligations and liabilities of the limited	d liability company have been paid or discharged.
OR- Adequate provision has been made for the debts,	obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributed a rights and interests.</li></ol>	mong its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company i	in any court.
	action of any judgment, order or decree which may be
Signatures of the members having the same percentage of mem	bership interests necessary to approve the dissolution:
Signature	Printed Name
	Roser D. Fall
- The same	200 J. 700 J. 70
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