

LO4000018158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

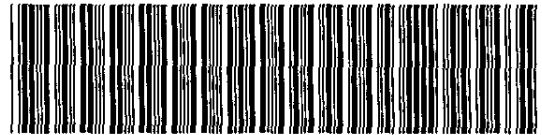
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06 MAR 28 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RISK ONE LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY BAUGH  
(Name of Person)

3101 N Federal Hwy Suite 402  
(Firm/Company)

\_\_\_\_\_  
(Address)

FT LAUDERDALE FL, 33306  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE DECHIARO at (954) 290-6191  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

To whom it may concern,

I have enclosed documentation from my attorney, The National Futures Association and a falsified amendment to the corporation filed 10-18-2005. I have not been a member, manager, employee or principal of Risk One LLC since July of 2005. Please take whatever steps are necessary to remove me from this corporation and may the record reflect this error.

Sincerely,

Mike Dechiaro

RECEIVED

06 MAR 23 AM 8:00

DIVISION OF CORPORATIONS

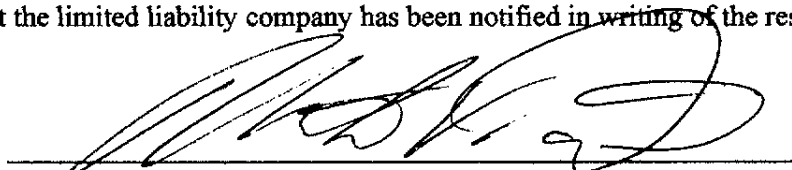


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Mike V. DeChiaro, hereby resign as Manager  
(Title)  
of RISK ONE LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,  
and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
06 MAR 28 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA