

L12000066453

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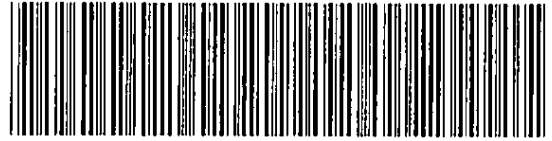
(Business Entity Name)

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DATE: 10/18/2024

NAME: RISK ASSURANCE PARTNERS, LLC

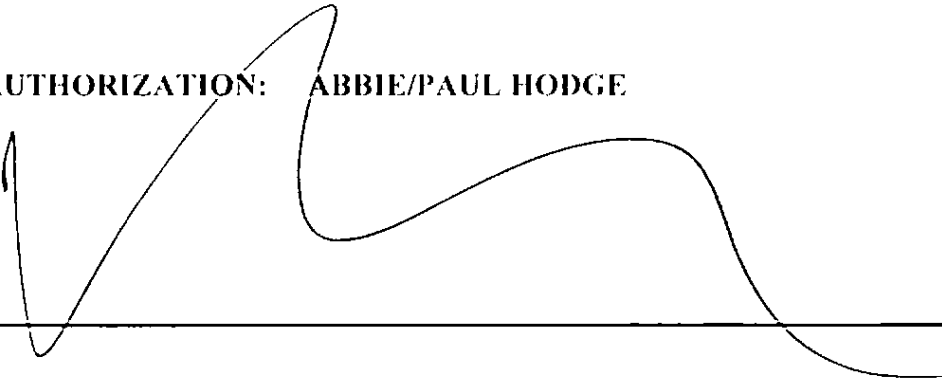
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BROAD AND CASSELL

Name of Registered Agent

, hereby resigns as

Registered Agent for RISK ASSURANCE PARTNERS, LLC

Name of Limited Liability Company

L12000066453

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Janice Chasey

Signature of Resigning Agent

If signing on behalf of an entity:

Janice Chasey

Typed or Printed Name

Vice President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

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