

L140000148547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

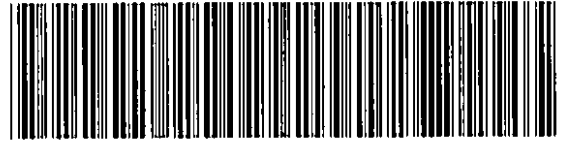
(Business Entity Name)

(Document Number)

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SECRETARY
TALLAHASSEE, FLORIDA

CLIS
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AUG 19 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 966685 8023314

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 17, 2021

ORDER TIME : 9:46 AM

ORDER NO. : 966685-005

CUSTOMER NO: 8023314

DOMESTIC FILINGS

NAME: RISK-AWARE INSURANCE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:

101

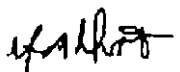
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2021 AUG 18 AM 9:16

**ARTICLES OF DISSOLUTION
OF
RISKWARE INSURANCE, LLC**

Pursuant to Section 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), **RISKWARE INSURANCE, LLC**, a Florida limited liability company (the "Company"), hereby adopts the following Articles of Dissolution:

1. The name of the Company is RISKWARE INSURANCE, LLC.
2. The Articles of Organization of the Company were filed with an effective date of September 22, 2014 and assigned document number L14000148547.
3. The date that the dissolution was approved by the sole member was August 12, 2021.
4. The Company was dissolved upon the written consent of the sole member of the Company, pursuant to Section 605.0701(2) of the Act.
5. The dissolution of the Company shall be effective upon the filing of these Articles of Dissolution.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 16th day of August, 2021.

By: 
Name: Anthony Grippa
Authorized Person