

**L14 000156313**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 07 2021

R. HUNT

2021 FEB 22 PM 12:07

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RISK AND INSURANCE ADVISORS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charlcie Kingston

(Name of Person)

Insurance Risk Advisory Group, LLC

(Firm/Company)

1335 Martin Luther King Jr Ave, Ste B

(Address)

Dunedin, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlcie Kingston

727

409-2375

at ( )

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
RISK AND INSURANCE ADVISORS, LLC

2. The Articles of Organization were filed on 10/07/2014 and assigned  
document number L14000156313

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2020  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Initial setup of this company was for conducting  
Health and Life insurance business. We are no longer  
pursuing this endeavor.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Charleie Kingston  
Signature

Charleie Kingston  
Printed Name

**FILING FEE: \$25.00**

2021 FEB 22 PM 12:07

DEPARTMENT OF STATE, FLORIDA