## L16000 201965

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



200341175882

08.182.195--01827--025 \*\*25.00

FILED
20 MAR -2 PM 5: 30

## **COVER LETTER**

Division of Corporations				
SUBJECT: VPRISK Solutions, 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:				
Gretchen Ann Van Parys				
(Name of Person)				
(Firm/Company)				
5801 Lago Villaggio Way				
O ROLLINGS)				
Naples, FL 34104 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gretchen Ann Van Parys at (239) 963-7287 (Name of Person) (Area Code & Daytime Telephone Number)				
(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:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations			
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	y company is	
VP RISK So	olutions, LLC	
2. The Articles of Organization v	were filed on November 2, 2016 and assigned	
document number L 1600	00201965	
effective da  Note: If the date inserted in this	e dissolution if not effective on the date of filing:late cannot be prior to or more than 90 days later than date document is received is block does not meet the applicable statutory filing requirements, this dive date on the Department of State's records.	for filing) ate will not be
4. A description of occurrence th 605.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursuant opy 605.0707 on back cover letter).	to section
_	for both managing partners.	
	<u> </u>	. 20
		20 MAR.
5. If there are no members, enter activities and affairs:	r the name and address of the person appointed to wind up the con	npany's
_		<del>ाश )</del> १ <u>३</u> ०
		<del></del>
6. Signature of an authorized per above to wind up the company's a	rson or if there are no members, the signature of the person appoir activities and affairs:	——— nted and listed
Julihon Van Parip Signature	Gretchen Van Parys Printed Name	

FILING FEE: \$25.00