

L19000 164975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

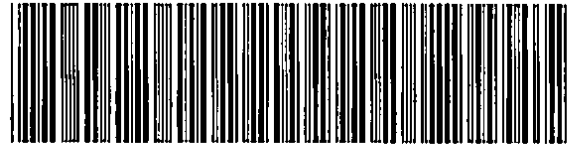
(Business Entity Name)

(Document Number)

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2020 MAR 19 AM 8:20
SECURITY DIVISION
TALLAHASSEE, FL

APR - 1 2020

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riviera Advisory Group, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Rashae Doyle

(Name of Person)

(Firm/Company)

3115 West Kensington Ave.

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call.

Rashae Doyle

at (813) 892-2378

(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

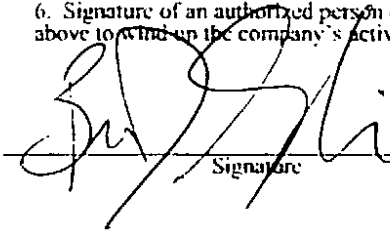
Street Address:

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
Riviera Advisory Group, LLC
2. The Articles of Organization were filed on June 24, 2019 and assigned
document number L19000164975
3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 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).
Consent of all members
Consent of all members
Consent of all members
5. If there are no members, enter the name and address of the person appointed to wind up the company's
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:



Signature

Ben Dochepalli

Printed Name

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL