

h20000233446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

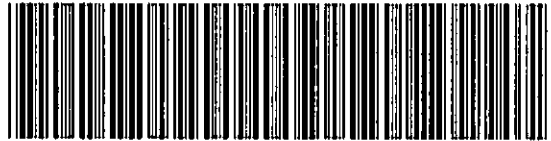
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500385962145

05/02/22--01001--039 **25.00

2022 MAY 2 PM 2:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISKY BUSINESS ENTERTAINMENT 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:

Camilo A Espinosa

(Name of Person)

Loigica P.A.

(Firm/Company)

40 SW 13th Suite 102

(Address)

Miami, Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo A Espinosa

(Name of Person)

786

2929704

at (_____) _____

(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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RISKY BUSINESS ENTERTAINMENT 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:

Camilo A Espinosa

(Name of Person)

Loigica P.A.

(Firm/Company)

40 SW 13th Suite 102

(Address)

Miami, Florida 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Camilo A Espinosa

(Name of Person)

786

2929704

at (_____) _____

(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
RISKY BUSINESS ENTERTAINMENT LLC
2. The Articles of Organization were filed on 08/04/2020 and assigned
document number L20000233446
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

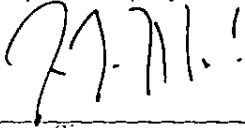
Restructuring Business

Restructuring Business

Restructuring Business

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

Rafael R. Rodriguez

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RISKY BUSINESS ENTERTAINMENT LLC

Document number of Limited Liability Company is: 1.20000233446

Date of dissolution was: _____

Description of information that must be included in a written claim:

All RISKY BUSINESS ENTERTAINMENT LLC debts, obligations and liabilities have been paid or discharged
or that adequate provision has been made to pay or discharge, pursuant to statute. All remaining RISKY
BUSINESS ENTERTAINMENT LLC property and assets have been distributed among the members in
accordance with their respective the members in accordance with their respective rights and interests. No suits
pending against RISKY BUSINESS ENTERTAINMENT LLC in any court or that adequate provision has been
made for the satisfaction of any judgment, order o decree which may entered against RISKY BUSINESS
ENTERTAINMENT LLC in any pending suit.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Loigica P.A.

40 SW 13th Street

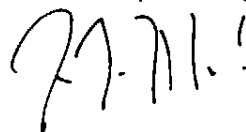
Suite 102

Miami Florida 33130

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Rafael R. Rodriguez

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2022.11.22 PM 2:30