

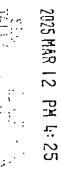
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COVER LETTER

Division of Corporations	
SUBJECT: De Risk Agency LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Paola Callahan	
(Contact Person)	
De Risk LLC L 2000 29 (Firm/Company)	302a 点景
1000 Island Dr. Apt.1409	302A 2025 Min 12
(Address)	 P*
Aventura, Fl. 33160	2 PH 4: 26
(City/State and Zip Code)	<u></u>
For further information concerning this matter, please ca	all:
Paola Callahan 954	881 2112
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ☐ \$25 Filing Fee ☐ \$55 Fi	la Department of State for: ling Fee & Certified Copy
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

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	· ·	of the Florida Department
2. The Florida doc 85-3219847	ument/registration number as		ility company is:
3. The date this me	ember/manager withdrew/res		Sign is: October 2024
4. 1, Paola Callahan (Print N	ame of Person Resigning)	, hereby withdraw/re	sign as a
Member/Manager			
of this limited lia resignation in wr	bility company and affirm th	ne limited liability compan	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ning Manager	FILE PH 4: