

P19000094855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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Special Instructions to Filing Officer:

J DENNIS

JUN 14 2023

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03/22/23--01009--015 **25.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
2023 MAR 22 PM 1:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rise FP&A, 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:

Sherrivonne Lynette Brown☺

(Name of Person)

(Firm Company)

9314 Forest Hill Blvd Suite 685

(Address)

Wellington, Florida [33411]

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherrivonne Lynette Brown☺

(Name of Person)

954

477-9778

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
Rise FP&A, LLC.

2. The Articles of Organization were filed on December 17, 2019 and assigned
document number P19000094855

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).
Voluntary dissolution

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

Sherri Vonn Lynette Brown
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: Rise FP&A, LLC.

Document number of Limited Liability Company is: P19000094855

Date of dissolution was: 03/06/2023

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

Claimant Name, Address & Account No.

Nature of the claim, Date of engagement

Proposed remedy

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

9314 Forest Hill Blvd, #685

Wellington, Florida 33411

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.

Sherrivonne Lynette Brown

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