



State of Rhode Island  
Department of State - Business Services Division

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## Withdrawal of Statement of Qualification

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

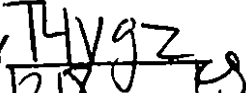
The undersigned, desiring to withdraw the Statement of Registration of a Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-1013, hereby executes the following Statement to Withdraw the Statement of Registration of a Limited Partnership:

1. Entity ID Number: <b>001761762</b>	2. The name of the partnership is: <b>Atlantic All Risk Insurance Brokerage, LP</b>	
3. The date of filing of the Statement of Registration is: <b>08/16/2023</b>		
4. The Partnership is not doing business in this state and withdraws its registration to do business in the State of Rhode Island.		
5. The Partnership revokes the authority of its agent to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the State of Rhode Island may thereafter be made on the Partnership by service thereof on the Department of State of the State of Rhode Island.		
6. The post office address to which the Department of State may mail a copy of any process against the Partnership that may be served on the RI Department of State is: Street Address: <b>330 E CROWN POINT RD</b>		
City/Town: <b>Winter Garden</b>	State: <b>FL</b>	Zip Code: <b>34787</b>
7. The Partnership certifies that it has no outstanding tax obligations. As required by <u>RIGL 7-13.1-213</u> , the Partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> ]		
8. Date when this Statement of Withdrawal will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing)		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Authorized Person <b>Robert Consalvo</b>		
Signature of Authorized Person 		Date <b>7/18/24</b>

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED S.S.P.

1 JUL 19 2024  
BY   
12/18/24



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 19, 2024 12:18 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

