

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**M0900002517**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : 120160000008  
Phone : (850) 777-2091  
Fax Number : (770) 220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
RT INGENUITY, LLC**

Certificate of Status	0
Certified Copy	1
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**D. BRUCE  
JUN 06 2017**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RT INGENUITY, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Paris  
(Name of Person)

Triad Professional Services  
(Firm/Company)

1720 Windward Concourse, Suite 390  
(Address)

Alpharetta, GA 30005  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Paris at ( 770 ) 777-2044  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

RT INGENUITY, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

06/29/2009

\_\_\_\_\_  
(Date registered with Florida Department of State)

M09000002517

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



\_\_\_\_\_  
Edward J. Matey Jr. (Signature of authorized representative)

Edward J. Matey Jr., Authorized Representative

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

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