RT TAMPA, FRANCHISE L.P. University Mall #2125 2200 E. Fowler Ave Tampa, FL 33612 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time ☐ Walk in Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 20, 1999

RT TAMPA FRANCHISE L.P. 2200 E. FOWLER AVENUE TAMPA, FL 33612

SUBJECT: RTT OF VENICE, LTD. Ref. Number: A98000000709

SECRETARY OF STATE DIVISION OF CORPORATIONS

We have received your document for RTT OF VENICE, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

In order to cancel the limited partnership the cancellation must be filled out and sign by all general partners. The articles of dissolution is for Limited Liability Company to cancel with our office not Limited Partnerships.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Tammi Cline
Document Specialist
Division of Corporations

CERTIFICATE OF CANCELLATION FOR

(Insert name currently on file with Florida Dept. of State)	 .
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnersh whose certificate was filed with the Florida Department of State on S. M. B., hereby submits this certificate of cancellation.	ip,
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)	
Partnership Dissolved wo (cuper excists	
SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.	
THIRD: Signatures of all general partners:	