

LO 9000114785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

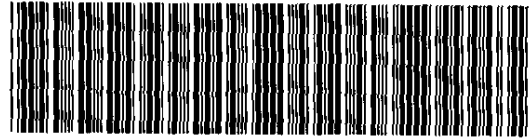
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
OCT - 6 2010
EXAMINER

Office Use Only



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09/03/10--01009--007 **35.00

2010 OCT -5 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2010

MICAH KEEL
1990 MAIN STREET SUITE 750
SARASOTA, FL 3423

SUBJECT: INSTITUTE FOR FINANCIAL AND RETIREMENT EDUCATION, LLC
Ref. Number: L09000114785

We have received your document for INSTITUTE FOR FINANCIAL AND RETIREMENT EDUCATION, LLC and your check(s) totaling \$35.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00021276

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute for Financial + Retirement Education, 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:

MICAH KEEL
(Name of Person)
KEEL FINANCIAL GROUP LLC
(Firm/Company)
1990 MAIN STREET SUITE 750
(Address)
SARASOTA, FL 34236
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

MICAH KEEL at (941) 309-5254
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: (LBFUND REQUEST INCLUDED)

\$25.00 Filing Fee

30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

INSTITUTE FOR FINANCIAL + RETIREMENT EDUCATION LLC

2. The Articles of Organization were filed on DECEMBER 02, 2009 and assigned document number

L 09000114785

3. The date the dissolution was approved: December 04, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes. (copy 608.441 on back cover letter).

Member removal

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

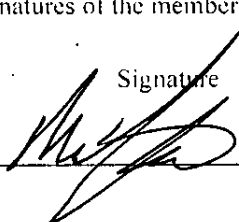
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

MICAH KEEL