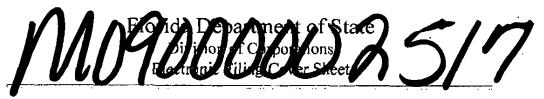
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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(((H170001504223)))



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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
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COVER LETTER

TO: Registration Division of	n Section Corporations		
RT IN	NGENUITY, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
	ours and fine(a) and militarity	.d c c::	
The enclosed without	awal and fee(s) are submitte	a tor tung.	
Please return all corr	espondence concerning this	matter to the following	;
Mary Paris			
	(Name of Person)		-
Triad Professio	nał Services		
	(Firm/Company)		-
1720 Windward	Concourse, Suite 3	90	
	(Address)	····	•
Alpharetta, GA	30005		
	(City/State and Zip Coo	ie)	
For further informati	on concerning this matter, p	olease call:	
Mary Paris		770 at (777-2044
(Na	ame of Person)		Daytime Telephone Number)
		<u></u>	
	STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration		Registration Section	
Clifton Buil	Corporations	Division of Corporations P.O. Box 6327	
	tive Center Circle	Tallahassee, Florida 32314	
	, Florida 32301	•	,
Enclosed is a check	for the following amount:		
2 \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

1,1

. 1.1 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)
M0900002517
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Som to C Tidyard J. Matey Jo! (Signature of authorized representative) Edward J. Matey Jr., Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00