1. P050000000014

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	···········
(Ci	ty/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

75 4/18/00 DISS

COVER LETTER

ΓΟ: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	
DOCUMENT NUMBER: P05000006614	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sandy-Morris Verdi	
(Name of Contact Person)	
Retirement Tax Institute, Inc.	
(Firm/Company)	
2202 N West Shore Blvd Suite 200	
(Address)	
Tampa, FL 33607-5749	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
_ydia Sullivanat (813)792-5250	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \sum \\$43.75 Filing Fee & \sum \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	
Division of Corporations Division of Corporations	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State	te:
	Retirement Tax Institute, Inc.	
SECOND:	The document number of the corporation (if known): P05000006614	
THIRD:	The file date the articles of incorporation:	
FOURTH:	(CHECK AT LEAST ONE BOX)	96
	☐ None of the corporation's shares have been issued.	OS APR 1
	The corporation has not commenced business.	Į.
FIFTH:	No debt of the corporation remains unpaid.	•
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	☐ A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	ature: (By a director, president or other officer—if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) OANDEVA MOLELE Verdi	or - if
	(Typed or printed name of person signing) (Title of Person Signing)	

Filing Fee: \$35