P91000051616

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
. (Ci	ty/State/Zip/Phone	#)
	☐ WAIT	
(Bi	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 9, 2004

KARL BECKMEYER POST OFFICE BOX 2808 KEY LARGO, FL 33037-7808

SUBJECT: TIB GOVERNMENT LOAN SPECIALISTS, INC.

Ref. Number: P97000051616

We have received your document for TIB GOVERNMENT LOAN SPECIALISTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Letter Number: 304A00015571

Irene Albritton Document Specialist

TRANSMITTAL LETTER

TO: Amendment Section		
TO: Amendment Section Division of Corporations SUBJECT: TIB Government Loan Specialists, Inc. DOCUMENT NUMBER: P97000051616		
)	
SUBJECT: TIB Government Loan Specialists, Inc.		
	~	
	•	
DOCUMENT NUMBER: P97000051616		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
rease retain an correspondence concerning this matter to the following.		
	_	
KARL BECKMEYER		
(Name of Person)		
TIB BANK OF THE KEYS		
(Name of Firm/Company)		
599 9th STREET NORTH		
(Address)		
NATA THE THE SALAS		
NAPLES, FL 34102		
(City/State/and Zip Code)		
For further information concerning this matter, please call:		
**(220) CEO FOEO		
(Name of Person) (Area Code & Daytime Telephone Number)		
(Name of reison) (Area Code & Daytime Telephone (Number)		
Enclosed is a check for the following amount:		
☑ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,		
Certificate of Status Certified Copy Certificate of Status &		
(Additional copy is Certified Copy		
enclosed) (Additional copy is enclosed)		
enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations	•	
P.O. Box 6327 409 E. Gaines Street		

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State: TIB Government Loan Specialists, Inc.		
SECOND:	The document number of the corporation (if known): P97000051616		
THIRD:	The date dissolution was authorized: January 27, 2004		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	☐ Dissolution was approved by of the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signed this 22 ud day of March , 2004.		
	Signature:		
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Edward V. Lett		
	(Typed or printed name of person signing)		
	Chairman 500		
	(Title of person signing) AHAR AS		
	Filing Fee: \$35		