

APR 21 2015  
T. S. F. N. J. K.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Thomas Investments, Inc.

**DOCUMENT NUMBER:** P99000024317

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Hawke, Legal Department

\_\_\_\_\_  
(Name of Contact Person)

Robert Thomas Investments, Inc.

\_\_\_\_\_  
(Firm/Company)

880 Carillon Parkway

\_\_\_\_\_  
(Address)

St. Petersburg, FL 33716

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Hawke

at ( 727 ) 567-5185

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

## 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 Florida Department of State:

Robert Thomas Investments, Inc.

SECOND: The document number of the corporation (if known): P99000024317

THIRD: The date dissolution was authorized: May 7, 2015

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 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)

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)

Patrick O'Connor

(Typed or printed name of person signing)

Director and Treasurer

(Title of person signing)

**Filing Fee: \$35**

FILED  
15 MAY 15 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA