

S 77 301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

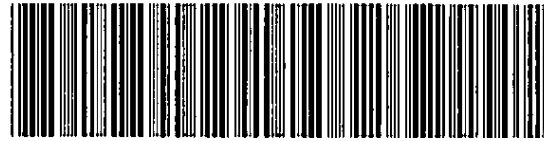
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300357164373

12/30/20--01002--019 **35.00

2020 DEC 30 PM 1:14

2020 DEC 30 PM 1:14

2020 DEC 30 PM 1:14

2020 DEC 30 PM 1:14

J. 10 11

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ROBINSON FINANCIAL CENTER, INC.

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

111 Ponder's Printing • Thomasville, GA 30084

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

December 30, 2020

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Robinson Financial Center, Inc. Document Number S77301

To Whom It May Concern:

Please find enclosed Articles of Withdrawal in order to withdraw the Articles of Dissolution filed on December 28, 2020 to be effective December 31, 2020. As the effective date has not yet occurred, we ask that you please withdraw these Articles of Dissolution.

Additionally, please find enclosed new Articles of Dissolution that we request are also filed today, to be effective December 31, 2020.

Please contact me with any questions at 941-201-2567.

Best,

Ann Breitingner

COVER LETTER

TO: Amendment Section
Division of Corporations

ROBINSON FINANCIAL CENTER, INC.

SUBJECT: _____
Name of Corporation

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Farr

Name of Person

Blaalock walters, P.A.

Firm/Company

802 11th Street West

Address

Bradenton, Florida 34205

City/State and Zip Code

mfarr@blaalockwalters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Farr

941

748-0100

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

WITHDRAWAL STATEMENT

Pursuant to section 607.0124, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

ROBINSON FINANCIAL CENTER, INC.

FIRST: The name of the corporation is: _____

S77301
SECOND: The Florida Document number of the corporation is: _____

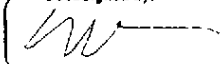
Articles of Dissolution

THIRD: The record to be withdrawn is: _____

FOURTH: Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.
or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

DocuSigned by:

2f6578792684496
Signature of person submitting withdrawal

William C. Robinson, Jr., President

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: \$35.00
Certified Copy: \$ 8.75 (optional)