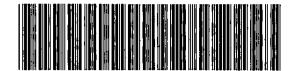
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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JUNII 2014 J. BRUCI

COVER LETTER

TO: Registration Division of	n Section Corporations						
SUBJECT:	IT'S	FABULOU Name of Limited Lia	0 0	L C pany			
The enclosed Staten submitted for filing.		on of Dissolution for Flo	orida Limited	d Liability Company and fe	e(s) are		
Please return all cor	respondence con	cerning this matter to:					
_Donna	Town Contact I	Send Person					
	Firm/Cor	npany					
103 Sti	11 Oak						
Santa	Rosa City, State at	Beach,	FL	32459	7771	7014	
donnat E-mail address:	DWN5ENG (to be used for f	e earth l	ink.	ne+	THAN SE	4 HAY 27	Service Control
Donna	ion concerning t Townse ontact Person	his matter, please call: A	850 Trea Code	259-3206 Daytime Telephone Nur	TATE TO STATE	7 PH 4: 50	Secretary of the secret

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: It's FABUCOUS, LL	
2. The document number of the company is	0
3. The effective date the Dissolution was filed is April 2, 2014	
4. The revocation of dissolution was authorized on 4-11-2014	
5. A copy of the Articles of Dissolution is attached.	
Signature of person authorized to submit the revocation of dissolution	

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (2/14)