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COVER LETTER

COVERL	EIIEK			
TO: Registration Section Division of Corporations				
SUBJECT: SLIP BIT, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Articles of Revocation of Dissolution and	fee(s) are submitted	l for filing.		
Please return all correspondence concerning this matter	to the following:			
Brian Lawson				
Name of Person				
Firm/Company				
122 Cedar Hammock Lane				
Address				
Panama City Beach, FL 3.	2407			
City/State and Zip Code				
brian@slipbit.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brian Lawson	850 3	366-8795		
Name of Person	Area Code & I	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 63	Section Corporations		
Enclosed is a check for the following amount:				
	\$130 Filing Fee & Certified Copy	□ \$135 Filing Fee, Certificate of Status & Certified Copy		

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Pursuant to section 608.4411, 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:

The name of the company is SLIP BIT, LLC

2.	The document number of the company is			
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was February 18, 2013			
4.	The revocation of dissolution was authorized in the same manner as the dissolution on June 3, 2013			
_	natures of the members havessary to approve the revoc	ing the same percentage membership interests ation of dissolution:		
Sign	nature	Typed or Printed Name		
	Pin Leunn	Brian Lawson		
- 				
Filing Fee: \$100.00				

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