

#L120000006612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/14--01018--004 **25.00

FILED
2014 FEB 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TILTED 8 REWROS, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Kohl

(Name of Person)

(Firm/Company)

445 17TH ST NE

(Address)

WINTER HAVEN, FL 33881

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Kohl

(Name of Person)

at (863) 299-2303

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 FEB 21 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TILTED 8 Rewards, LLC.

2. The Articles of Organization were filed on 1/30/2012 and assigned
document number L12000006612

3. The delayed effective date the dissolution if not effective on the date of filing: _____

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

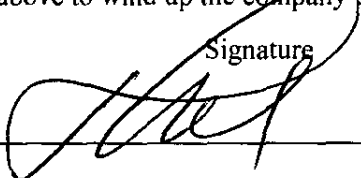
WE DECIDED THE BUSINESS IS NOT VIABLE.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: THOMAS KOHL

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature

Printed Name



THOMAS KOHL

FILING FEE: \$25.00