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(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Registration Section Division of Corpora			
•	YMENT SERVICES	S, LLC	
SUBJECT:		ted Liability Cor	npany
The enclosed Statement of Resubmitted for filing.	evocation of Dissolution	for Florida Limit	ed Liability Company and fee(s) are
Please return all corresponde	nce concerning this matte	er to:	
RAY BROWN			
C	ontact Person		-
F	rm/Company		_
3665 E BAY DR 204-		· • · · · · · · · · · · · · · · · · · ·	-
	Address		
LARGO, FL 33	3771		
City,	State and Zip Code		-
E-mail address: (to be us	ed for future annual repo	rt notification)	-
For further information conce	erning this matter, please	cail:	
RAY BROWN		at (727)667-2386
Name of Contact Pe	rson	Area Code	Daytime Telephone Number
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee Florida			

CR2E132 (2/14)

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.	VERITY PAYMENT SERVICES, LLC The name of the company is:					
2.	The document number of the company is					
3.	03/01/2014 The effective date the Dissolution was filed is					
4.	The revocation of dissolution was authorized on					
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)	Property of the second				

CR2E132 (2/14)