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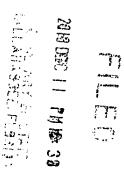
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COVER LETTER

TO:

Registration Section
Division of Corporations

CHID IECT

Reverse Time Facercise., 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:

David Kiehl	
(Name of Person)	
Reverse Time Facercise., LLC	
(Firm/Company)	
569 Heather Glen Dr	() 3 () 3 () 3
(Address)	, , , , , , , , , , , , , , , , , , ,
Winter Haven FI 33884	(구 () 4 원 ··· _ 설 구
(City/State and Zip Code)	•

For further information concerning this matter, please call:

(Name of Person) at (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status
 ⁶ \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

β60.00 Filing Fee,
 Certificate of Status &
 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

2. The Articles of Organization were filed on August 22, 2 L13000118741	2013	and assign	ed docum	ent nur	nber
3. The date the dissolution was approved: December 6 20	013				
4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover lette	lity company's di	issolution pur	suant to s	ection	
Due to financial reasons	T).		,	<u> </u>	4***
	<u> </u>		76 s) # <u>(</u>	.,e*
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5. CHECK ONE:				((2)43	
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