

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000040857

FILED
Nov 19, 2009
Secretary of State

Entity Name: LIL VENTURE LLC

Current Principal Place of Business:

21142 NE 31 PL
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

21142 NE 31 PL
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-2472421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FILENGER, FELIX
21142 NE 31 PL
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FELIX FILENGER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHURIS, IGOR
Address: 17 WEST TERRACE RD
City-St-Zip: GREAT NECK, NY 11021

Title: MGRM () Delete
Name: SHURIS, STELLA
Address: 17 WEST TERRACE RD
City-St-Zip: GREAT NECK, NY 11021

Title: MGRM () Delete
Name: FILENGER, ADA
Address: 2475 WEST 16TH STREET, APT 15H
City-St-Zip: BROOKLYN, NY 11214

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IGOR SHURIS

MGRM

11/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date