

L08000040857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

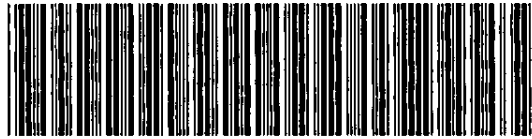
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/31/14---01051---022 \*\*135.00

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14 MAR 31 PM 1:43  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

APR 09 2014

R. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIL VENTURE LLC, a Florida limited liability company  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALEX SHURIS

(Contact Person)

LIL VENTURE LLC

(Firm/Company)

17 WEST TERRACE ROAD

(Address)

GREAT NECK, NY 11021

(City/State and Zip Code)

For further information concerning this matter, please call:

NEIL A. MILESTONE

(Name of Contact Person)

at ( 305 ) 682-2324

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FILED  
14 MAR 31 PM 1:48  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LIL VENTURE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L08000040857

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/11/2014

4. I, ADA FILENGER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Ada Filenger*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)