

LO8000040857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100257462141

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

R. White

APR 09 2014

R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 31 PM 1:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

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

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX SHURIS
Name of Person

LIL VENTURE, LLC.
Firm/Company

17 WEST TERRACE ROAD
Address

GREAT NECK, NY 11021
City/State and Zip Code

alscorp@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL A. MILESTONE at (305) 682 2324
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LIL VENTURE LLC

2. (a) 21142 NE 21 PLACE, AVENTURA, FL 33180 (b) 21142 NE 31 PL, AVENTURA, FL 33180

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

04/23/2008

L08000040857

3. 04/23/2008 Date of filing/registration in Florida

4. L08000040857 Document number

5. (a) FELIX FILENGER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

21142 NE 21 PLACE, AVENTURA, FL 33180

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

(b) ALEX SHURIS

Enter name of NEW Registered Agent and/or NEW Registered Office address:

16051 COLLINS AVE, #2003, Sunny Isles Beach, FL 33180

NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

* Alex Shuris
Signature of a member or authorized representative of a member

Alex Shuris
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

* Alex Shuris
Signature of Registered Agent

14 MAR 31 PM 1:52
 FILED
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA