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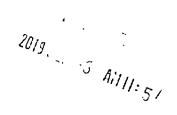
TO:

CR2E079 (2/14)

Registration Section

Division of Corporations BILLI-ON INVESTMENTS LLC SUBJECT: (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: MARCELLO GIANCOLI (Contact Person) **BILLI-ON INVESTMENTS LLC** (Firm/Company) 4141 NW 53RD ST (Address) **BOCA RATON FL 33496** (City/State and Zip Code) For further information concerning this matter, please call: MARCELLO GIANCOLI (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS: Registration Section** Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301





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:	LI-ON INVESTMENTS, L	LC .
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1800013586	8	
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
4. I, MARCELLO GIANCOLI		hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
MANAGING	MEMBER	
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	