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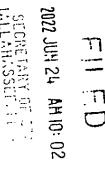
(Rec	questor's Name)	
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(City	//State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
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SE	J. HORNE P & U 2022	

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COVER LETTER ___

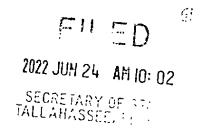
TO: Registration Section Division of Corporations
SUBJECT: NIL FNTER PRISES (
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
NirsaRi Desai (Contact Person)
(Contact Person)
NIL ENTERPRISES, L.C.C.
7026 NW 68+W DRIVE (Address)
Parkland, Florida 33067 (Circ/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 80/-0948 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





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:	VIL ENTERPRISES, L.L.C.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L041	000074107
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: <u>June 8, 2</u> 022
4. 1. NIV C	ARI De SG/ hereby withdraw/resign as a lame of Person Resigning)
Manage:	Print tile)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Nen	1 Deser
Signature of D	issociating Member or Resigning Manager
Filing Fee:	
Certified Conv.	\$30.00 (Ontional)