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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VENTURE 4th GROUP LLC
(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:

VENTURE 4th GROUP LLC

8217 CHANNEL DRIVE (Address)

PORT RICHEY, FL 34668
(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTIN TONKIN at (727) 364 7516

(Name of Contact Person)

(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

CR2E079 (2/14)



FILED 2015 JUN -5 PN 12: 37 SECRETARY OF 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)

	limited liability company as it appears on the records of the Florida Department ENTURE 4th GROUP LLC.
	ument/registration number assigned to this limited liability company is:
L1500	00009490
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{6/2/15}{}$
4. I, TIMOTH	Y TONKIN , hereby withdraw/resign as a lame of Person Resigning)
AM	BR (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Tinty	John
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)