

(Print or Type Responses)

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0104 Estimated average burden hours per 0.5 response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

Mills Frederick J		(Month/Day/Year)			LIM FUNDING AMERICA, INC. [LIMFA]			
(Last) (First) (M 3006 EUCLID AVE	iddle) 08/30	-08/30/2018		Person(s) to I			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) TAMPA, FL 33629				_X_ Director	Officer (give Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person	
(City) (State) ((Zip)	Table I - Non-Derivative Securities Beneficially Owned					y Owned	
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		Ownership	wnership orm: Direct (Instr. 5) or direct (I)		
Common Shares			20,000		D	D		
not requir number.	vho respond t ed to respond	o the colle d unless th	ectior ne for	n of information m displays a cu	n contained ir urrently valid	this form a OMB contro	ol	
Table II - Derivative								
I. Title of Derivative Security 2. Date Exercisal and Expiration D (Month/Day/Year)		ion Date	Secu	tle and Amount of rities Underlying vative Security (. 4)	Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Numl of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		

Reporting Owners

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Mills Frederick J					
3006 EUCLID AVE	X				
TAMPA, FL 33629					

Signatures

/s/ Frederick Mills	09/04/2018		
**Signature of Reporting Person	Date		

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.