

L21 00000 1717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

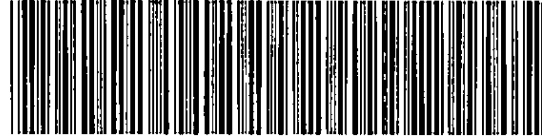
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1641 CHICAGO 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:

AMALFI GAYOSSO  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

434 SW 24 ROAD  
\_\_\_\_\_  
(Address)

MIAMI, FL 33129  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

AMALFI GAYOSSO at ( 786 ) 340-5694  
\_\_\_\_\_  
(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

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL



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: 1641 CHICAGO LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000001717

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2022

4. I, IMMOBILIARE BUSINESS PARTNERS LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

A000520107AA400...

DocuSigned by:

F1339BDC22EB4F4...

Signature of Dissociating Member or Resigning Manager

YAIR MARTINEZ, MANAGER AND ADOLFO MARTINEZ SOLARES, MANAGER

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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