

L21000001721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

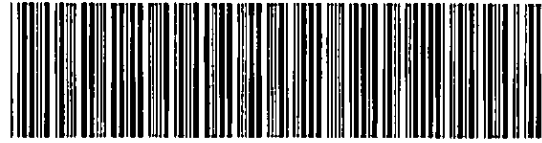
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL  
CLERK OF STATE

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 932 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 24TH 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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SECRETARY OF STATE  
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: 932 CHICAGO LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000001721

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

4. I, INMOBILIARE 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:

DocuSigned by:

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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