

LD9000022114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

**L. SELLERS**

NOV - 5 2010

**EXAMINER**

Office Use Only



300186738033

11/01/10--01008--027 \*\*50.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 9:45

**FILED**

COVER LETTER

Chicago

TO: Amendment Section  
Division of Corporations

SUBJECT: Club Chicago LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L 09 0000 2214

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Herrera  
Name of Person

Club Chicago LLC  
Name of Firm/Company

9999 Collins Ave #46  
Address

Pal Harbor FL 33154  
City/State and Zip Code

Herrera • Juan M @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Herrera at (847) 644 1136  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ERICH NEWMANN

Name of Registered Agent

, hereby resigns as

Registered Agent for

Club Chicago LLC

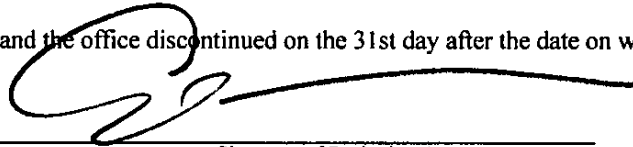
Name of Limited Liability Company

L0900002214

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

  
\_\_\_\_\_  
Typed or Printed Name

Capacity

### FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company  
Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INHS17 (08/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 9:45

FILED

