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TO:

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Registration Section

Division of Corporations Chicago Baseball Rooftops, Ilc **SUBJECT:** (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: Chris Falor (Contact Person) Chicago Baseball Rooftops Ilc (Firm/Company) 3023 N Clark St #278 (Address) Chicago, IL 60657 (City/State and Zip Code) For further information concerning this matter, please call: Chris Falor (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 ago Baseball Rooftops IIo	s it appears on the records of	the Florida Department
2. The Florida doc L1100003851		ssigned to this limited liabili	ity company is:
	Tame of Person Resigning)	signed or will withdraw/resig, hereby withdraw/resig	
of this limited lia resignation in wr	- / · \ 7 \	ne limited liability company	has been notified of my
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager	15 JUN 12 AN 10: TALLAHASSEE, FLO