

L21 00000 1717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

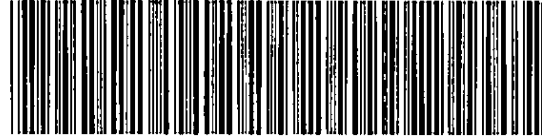
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100396331351

10/31/22--01014--011 **25.00

2022 OCT 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

786 340-5694
at ()

(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

FILED

2022 OCT 31 AM 11:38

**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: 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:

A006520167AA4B0...

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)

FILED
2022 OCT 31 AM 11:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL