MOS0000000324

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BEUREDARY OF STATE TALLAHASSEE, FLORIDA

09 JAN 21 PM 3: 4

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Exchange Properties, LLC (Name of Foreign Limited Liability Company)	—		
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Brian Hickey (Name of Person)			
Exchange Properties, LLC (Firm/Company)	N. C.	2009	
55 Ogden Ave (Address)	かれたのかれた	2009 JAN 21	CHESTA .
Clarendon Hills IL 60514 (City/State and Zip Code)	3,∓3	PH 3: 49	D
For further information concerning this matter, please call:		•	
Brian Hickey at (630) 654-4100			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & \tag{\$60 Filing Fee,} \\ \text{Certificate of Status & Certified Copy} \\ \text{Certified Copy} \\ \text{Certified Copy} \\ \text{Certified Copy} \\ \text{Certified Copy}			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Exchange Properties, LLC (M0500000324)	
(Name of limited liability company)	
Illinois	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
55 Ogden Ave	
(Mailing address)	
Clarendon Hills IL 60514 (City/State/Zip)	
(City/State/21p)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of member or authorized representative of a member)	
(Signature of member of authorized representative of a member) Brian S. Hickey (Typed or printed name of signce)	3
(Typed or printed name of signce)	
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	J

Filing Fee: \$25.00