

1105000000968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

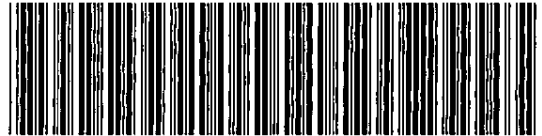
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/08--01023--008 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -8 PM 2:11

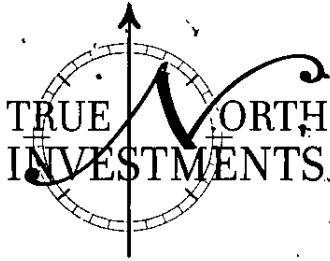
J. BRYAN

JAN 30 2008

J. BRYAN

FEB 11 2008

EXAMINER



Real Estate Acquisition, Development & Management

3000 Woodcreek Drive, Suite 300
Downers Grove, Illinois 60515
Phone: (630) 322-9008
Fax: (630) 322-9009

January 24, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of Marco-Jacksonville, LLC
Document # M05000000968

Enclosed is the Articles of Dissolution for A Limited Liability Company for the
Dissolution of Marco-Jacksonville, LLC. We are also enclosing a check in the amount of
\$25.00 for the filing fee.

If you have any questions or need any additional information, please contact me at True
North Investments, 630-322-9008.

Sincerely,

True North Investments

Timothy J. Luby
Principal

enclosures

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2008

TIMOTHY J. LUBY
TRUE NORTH INVESTMENTS, LLC
3000 WOODCREEK DRIVE, SUITE 300
DOWNERS GROVE, IL 60515

SUBJECT: MARCO-JACKSONVILLE, LLC
Ref. Number: M05000000968

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We have received your document for MARCO-JACKSONVILLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 508A00006409

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO-JACKSONVILLE, 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:

TIMOTHY J. LUBY
(Name of Person)

TRUE NORTH INVESTMENTS
(Firm/Company)

3000 WOODCREEK DRIVE, STE. 300
(Address)

DOWNERS GROVE IL 60515
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY LUBY at (630) 322 9008
(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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

1/24/08
SENT

THE ATTACHED CORRESPONDENCE WILL SHOW WE SENT A CHECK IN THE AMOUNT OF \$25.00 ALONG WITH AN INCORRECT FORM. PER YOUR LETTER OF JAN. 30, 2008 WE ARE INCLUDING THE CORRECT FORM. YOU DID NOT RETURN OUR

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

MARCO-JACKSONVILLE, LLC

(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.

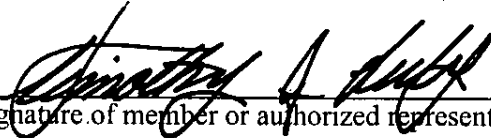
3000 WOODCREEK DRIVE, STE. 300

(Mailing address)

DOWNERS GROVE, IL 60515

(City/State/Zip)

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)

TIMOTHY J. LUBY

(Typed or printed name of signee)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -8 PM 2:11

Filing Fee: \$25.00