Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

LLC DISSOLUTION OR WITHDRAWAL LONE OAK - LAKE WORTH, L.L.C.

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COVER LETTER

	ion Section of Corporations			
SUBJECT: LO	NE OAK - LAKE WORTH,			
	(Name of F	oreign Limited Liabilit	y Company)	
Dear Sir or Madan	1			
The enclosed with	drawal and fee(s) are submit	tted for filing.		
	rrespondence concerning th	_	ng:	
MARIE A. CHAPE			_	-
	(Name of Person)			
REYES HOLDING	5S, L.L.C.			
	(Firm/Company)		_	
9500 W. BRYN M	AWR AVE., SUITE 700		-	
	(Address)			
ROSEMONT, IL	50018	_		
	(City/State and Zip Co	de)	_	
For further informa	tion concerning this matter,	please call:		
MARIE A. CHAPE	TTA	at (847	227-6686	
. ()	lame of Person)		t Daytime Telephone Number)	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount	:		
⊒ \$25 Filing Pee	□ \$30 Filing Fee & Certificate of Status	· D \$55 Filing Fee & Cortified Copy	D \$60 Filing Fee, Certificate of Status & Certified Copy	

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

LONE OAK - LAKE WORTH, L.L.C.	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
M0800000865	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accide the behalf and appoints the Department of State as its agent for service of proceedure of action arising during the time it was authorized to transact business in Floritance.	ept service on ess based on a rida.
9500 W. BRYN MAWR AVE., SUITE 700	_
(Mailing address)	
ROSEMONT, IL 60018	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address. Nulse	future of any 10 AUG
(Signature of member of authorized representative of a member)	G 2
NICHOLAS L. GIAMPIETRO	SS
(Typed or printed name of signee)	
	1017 1128 83
	≥ ''' ∪

Filing Fee: \$25.00