

M12 000006553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

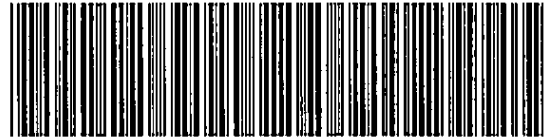
Special Instructions to Filing Officer:

Q. SILAS

MAR 18 2022

5/11/22

Office Use Only



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2022 MAR 11 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 11 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FL

February 16, 2022

LARRY GLUSMAN
6735 VISTAGREEN WAY
SUITE 310
ROCKFORD, IL 61107

SUBJECT: PROFESSIONAL PROPERTY MANAGEMENT OF ILLINOIS, LLC
Ref. Number: M12000006553

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 822A00003851

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL PROPERTY MANAGEMENT OF ILLINOIS, LLC (M12000006553)

(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:

Larry Glusman

(Name of Person)

Affordable Housing Development Fund, Inc.

(Firm/Company)

6735 Vistagreen Way, Suite 310

(Address)

Rockford, IL 61107

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Glusman

(Name of Person)

815

397-3755

at (_____) _____

(Area Code & Daytime Telephone Number)

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

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

FILED

2022 MAR 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PROFESSIONAL PROPERTY MANAGEMENT OF ILLINOIS, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

11/26/2012

(Date registered with Florida Department of State)

M12000006553

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Perry G. Harenda, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00