M20000003085

	_
(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



800397350248

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

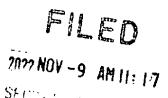
Phone: 850-558-1500 ACCOUNT NO. REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: November 8, 2022 ORDER TIME : 9:14 AM ORDER NO. : 123888-005 CUSTOMER NO: 7261887 FOREIGN FILINGS NAME: BQSR CHICAGO LOGISTICS, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

	on Section of Corporations		
BQS SUBJECT:	R CHICAGO LOGISTICS	, LLC	
SUBJECT.	(Name of Fe	oreign Limited Liabilit	ty Company)
Dear Sir or Madam	- u		
The enclosed with	rawal and fee(s) are submitt	ed for filing.	
Please return all co	rrespondence concerning thi	s matter to the followi	ng:
Erica Smith			
	(Name of Person)	-	
Corporation Servi	ice Company		
	(Firm/Company)		
1201 Hays Street			
	(Address)		_
Tallahassee, FL 3	2301		
	(City/State and Zip Coo	de)	
For further informat	ion concerning this matter, p	please call:	
Erica Smith		215 at (323-9212
(1)	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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 &



2022 NOV -9 AM II: 17 SECTION AND SECTION OF STATE OF AUTHORITY OF STATE NOTICE OF WITHDRAWAL OF CERTIFICATE OF STATE NOTICE OF WITHDRAWAL OF STATE NOTICE OF

BQSR Chicago Logistics, LLC
(Name of limited liability company)
Illinois
(Jurisdiction of its organization)
07/16/2020
(Date registered with Florida Department of State)
M2000003085
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative)
Claudia V. Coscia
(Typed or printed name of signee)

Filing Fee: \$25.00