## M22000011658

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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations

Idilus Core LLC

SUBJECT: \_\_\_\_

(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:

.

Jorge Solis

(Name of Person)

Idilus Core LLC

(Firm/Company)

4320 Winfield Road Suite 125

(Address)

Warrenville, IL 60555

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Solis \_\_\_\_\_\_\_\_at (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Area Code & Daytime Telephone Number)

<u>Mailing Address:</u> 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 &	🖾 \$55 Filing Fee &	🗆 \$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

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Idilus Core LLC		
	(Name of limited liability company)	
Illinois		
	(Jurisdiction of its organization)	
7/26/2022		
<u> </u>	(Date registered with Florida Department of State)	·
M22000011658		
	(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: _ (If an effective date is listed, the date must be s	2/2/2023	(optional)
more than 90 days after filing.)	perior and cannot be prior i	to date of ming of
Note: If the date inserted in this block does not		
this date will not be listed as the document's eff	fective date on the Departme	ent of State's records.
Jorge Sol	lis	
(Sugnature of aut	horized representative)	

WILL / LASSEE. 2023 FEB -7 PM 4:31 Jorge Solis (Typed or printed name of signee) ATE