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Form **LLC-1.36/1.37**
May 2008

Secretary of State **Jesse White**
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by business firm check payable to Secretary of State. (If check is returned for any reason this filing will be void.)

Illinois Limited Liability Company Act

Statement of Change of Registered Agent
and/or Registered Office

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of

Filing Fee: \$25

Penalty (See Note 1.):

Approved: *JA*

FILE # 0146 3691

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Doc#: **0927850064** Fee: \$38.00 | 2009
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/05/2009 02:41 PM Pg: 1 of 2

ED

**WHITE
OF STATE**

1. Limited Liability Company Name: AIRPORT ROAD PLAZA, LLC

2. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent: CARL ROPPOLO
First Name Middle Name Last Name

Registered Office: 673 SLIPPERY ROCK RD
Number Street Suite No. (P.O. Box alone is unacceptable)
PALATINE 60067 COOK
City ZIP Code County

3. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent: CARL ROPPOLO
First Name Middle Name Last Name

Registered Office: 6306 N CICERO AVE
Number Street Suite No. (P.O. Box alone is unacceptable)
CHICAGO 60646 COOK
City ZIP Code County

4. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: (check one box only)

- a. resolution duly adopted by the members or managers. (See Note 4.)
b. action of the registered agent. (See Note 5.)

SEE REVERSE FOR SIGNATURE(S).



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6. If the change to the registered agent or registered office is authorized by the members or managers, sign here.
(See Note 4 below.)

The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement to change the registered agent or address is to the best of my knowledge and belief, true, correct and complete.

Dated X Sept 20 2009
Month/Day Year
X Carl Roppolo manager
Signature (Must comply with Section 5-45 of ILLCA.)

CARL ROPPOLO, MGR
Name and Title (type or print)

If the member or manager signing this document is a company or other entity, state name of company and indicate whether it is a member or manager of the Limited Liability Company.

If change of registered office by registered agent, sign here. (See Note 5 below.)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true, correct and complete.

Dated _____
Month/Day Year

Signature of Registered Agent of Record

Name and Title (type or print)
 If registered agent is a corporation,
 name and title of officer who is signing on its behalf.

NOTES

1. A \$300 penalty applies when the Limited Liability Company fails to appoint and maintain a registered agent in Illinois within 60 days of notification of the Secretary of State by the resigning registered agent.
2. The registered office may, but need not be, the same as the principal office of the Limited Liability Company; however, the registered office and the office address of the registered agent must be the same.
3. The registered office must include a street or road address (P.O. Box alone is unacceptable).
4. A Limited Liability Company cannot act as its own registered agent.
5. Any change of registered agent or registered address effected by the Limited Liability Company must be by resolution adopted by the members or managers.
6. The registered agent may report a change of the registered office of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.

