

# UNOFFICIAL COPY

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.

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Filing Fee: \$25

Penalty (See Note 1.):

Approved: 13

FILE #

00911399

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Doc#: 0927850062 Fee: \$38.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 10/05/2009 02:40 PM Pg: 1 of 2

ATE

1. Limited Liability Company Name: WINCHESTER BUILDERS, L.L.C.

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: STEVEN SILVERMAN  
First Name Middle Name Last Name

Registered Office: 630 D INDEE RD  
Number Street Suite No. (P.O. Box alone is unacceptable)

NORTHBROOK 60062 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 CICCERO 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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**ITEMS 5, 6 AND 7 ARE OPTIONAL**

5. a. Number of Directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

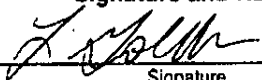
6. a. It is estimated that the value of the property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 b. It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 c. It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 d. It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. Other Provisions: Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

**NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

8. The undersigned incorporator(s) hereby declare(s) under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated 8/28, 2009  
 Month & Day Year

Signature and Name	Address
1. <u></u> Signature Lawrence A. Goldman Name (type or print)	1. <u>6306 N. Cicero Avenue</u> Street <u>Chicago IL 60646</u> City/Town State ZIP Code
2. _____ Signature Name (type or print)	2. _____ Street <u>City/Town State ZIP Code</u>
3. _____ Signature Name (type or print)	3. _____ Street <u>City/Town State ZIP Code</u>

Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.

**NOTE:** If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

**Note 1 — Fee Schedule:**

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state. (The minimum initial franchise tax is \$25.)
- The filing fee is \$150.
- The minimum total due (franchise tax + filing fee) is \$175.

**Note 2 — Return to:**

Computer Accounting  
 Firm name  
Lawrence A. Goldman  
 Attention  
6306 N. Cicero Avenue  
 Mailing Address  
Chicago, IL 60646  
 City, State, ZIP Code