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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CENTER REA	LTY, LLC		
(Name of Fo	reign Limited Liability Company)		
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this	s matter to the following:		
MICHAEL C. AUFDENSI (Name of Person)	PRING		
ATTORNEY (Firm/Company)			
600 MASON RIDGE CENTER (Address)	DRIVE		
ST. LOVIS MO 6	, 3141	200 121 121	
ST. LOVIS MO (City/State and Zip Cod	de)	I A	ا روستان برون ا روستان برون
For further information concerning this matter,	please call:	2007 MAR 23 AM II: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
MICHAEL C. AVFOENSARING	at (314) 682-353 9 (Area Code & Daytime Telephone Number)		7 3101 1
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:	:		
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CENIER REALTY, LLC
(Name of limited liability company)
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
600 MASON RIDGE CENTER DRIVE SECOND FLOOR (Mailing address)
ST. Lovis Mo 63/4/ (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. Maint Chapter (Signature of member or authorized representative of a member)
(Signature of member or authorized representative of a member) MICHAEL C. AUFOENSPLING

Filing Fee: \$25.00

(Typed or printed name of signee)