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EXAMINER

MOS-1918

## COVÉR LETTER

то:	Registration Section Division of Corporations		
SUBJE			
	(Name of Fo	oreign Limited Liability Company)	
Dear Sir	or Madam:		
The enc	losed withdrawal and fee(s) are submit	tted for filing.	
Please re	eturn all correspondence concerning th	is matter to the following:	
Steph	anie Bengtsson		
	(Name of Person)		
Centro	um Properties		
	(Firm/Company)		22.00 22.00 22.000 22.000
225 V	V Hubbard 4th Floor		HASSE
	(Address)		100 mm
Chica	go IL 60654		77 C
	(City/State and Zip Co	ode)	Prince of the second se
For furtl	ner information concerning this matter,	, please call:	
Carol	ne Stephenson	at ( 312 ) 832-2500	
	(Name of Person)	(Area Code & Daytime Telephone Number	er)
	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	
Enclose	d is a check for the following amoun	t:	
□\$25 F	iling Fee \$\bigcip \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status Certified Copy	s &

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

MCZ/Centrum Florida X, L.L.C.				
(Name of limited liability company)				
Illinois				
(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.				
225 W Hubbard 4th Floor (Mailing address)  Chicago IL 60654				
(City/State/Zin)				
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of member or authorized representative of a member)  Stephanie Bengtsson				
(Typed or printed name of signee)				

Filing Fee: \$25.00