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FEB - 9 2010

### **EXAMINER**

1052130

#### COVER LÊTTER

Division of Corporations			
SUBJECT: MCZ/Centrum Florida XVI	·		
(Name of Fo	oreign Limited Liability Company)	<del></del>	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submit	ted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Stephanie Bengtsson			
(Name of Person)			
Centrum Properties			
(Firm/Company)	·		
225 W Hubbard 4th Floor			
(Address)			
Chicago IL 60654			
(City/State and Zip Co	ode)		
For further information concerning this matter,	please call:	2010 FEB - 8 SECKETARY VALLAHASSI	ئے۔ معدر
Caroline Stephenson	at ( 312 ) 832-2500	SS: AA	سدخا ۾
(Name of Person)	(Area Code & Daytime Telephone Number)	TO FLORING	,
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 amoun	t:		
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

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MCZ/Centrum Florida XVI, L.L.C.	
(Name of limited liability company)	··········
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business it	to accept service on process based on a n Florida.
225 W Hubbard 4th Floor (Mailing address)	<del></del>
Chicago IL 60654	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in change in its mailing address.	n the future of any
(Signature of member or authorized representative of a member)	ZOIOFEB -
Stephanie Bengtsson	
(Typed or printed name of signee)	

Filing Fee: \$25.00