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EXAMINER





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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: MCZ/Centrum Flamingo I, L.L	C.
(Name of Foreig	n Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted f	or filing.
Please return all correspondence concerning this ma	atter to the following:
Stephanie Bengtsson	
(Name of Person)	
Centrum Properties	
(Firm/Company)	
225 W Hubbard 4th Floor	
(Address)	المدارية والمحاركة والمحاركة
Chicago IL 60654	in Carlotte and Car Language
(City/State and Zip Code)	ري سان د من سان
For further information concerning this matter, plea	ise call:
Caroline Stephenson	at (312) 832-2500
(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	\$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

MCZ/Centrum Flamingo I, L.L.C.
(Name of limited liability company)
Delaware
(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/Zip) 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