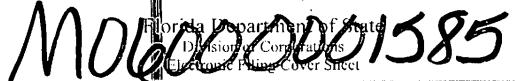
11/22/2017

Division of Corporations



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To:

Division of Fax Number Corporations

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Nam

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL CENTREPARK EAST INVESTORS LLC

Certificate of Status	U
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Estimated Charge	\$55,00

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COVER LETTER

	Registration Division of C	Section Corporations					
SUBJEC		ark East Investo	rs LLC				_
		()	ame of For	eign Limited Lia	bility Con	opany)	_
Dear Sir o	er Madam:						
The enclo	sed withdra	wal and fee(s) \$	il re submitte: II	d for filing.			
Please ret		spondence con	erning this	matter to the follow	owing:		
		(Name of P	urson)				
Stroock &	E Stroock &	Lavan LLP					
		(Firm/Com	psiny)				
180 Mais	len Lanc						
New Yor	k, NY 1003	(Address) 8					
		(City/State	and Zip Cod	le)			
For furthe	r informatic	on concerning t	 Is matter. p	olease call:			
A. Rober	īs			212		066551	
	(Na	me of Person)		at (ytime Telephone Number)	_
] 	Registration Division of C Clifton Build 2661 Execut	Corporations 📗			Registrati Division (P.O. Box	G ADDRESS: con Section of Corporations 6327 ee, Florida 32314	
Enclosed	is a check t	for the followin	អ្វ ថ្លៃ មយាចបរាវៈ ពី	:			
□ \$ 25 Fi	ling F ee	🗅 530 Filing Certifical		S \$55 Filing F Certified Co		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITH RAWAL OF CERTIFICATE OF AUTHORITY

CentrePark East I	Hi.		
	4	(Name of limited liability company)	
Delawarc			
		(Jurisdiction of its organization)	- 1. - 1
March 17, 2006	N.		1 NO 22
	(Dale)	egistered with Florida Department of State)	7
M06000001585	N.		دع
		(Florida Document Number)	
			C
This limited lia	bility company	withdrawing its certificate of authority in this state	e.
Effective Date.	, if other than the	date of filing:	(optional)
		date of filing:	of filing or
more than 90 d	ays after filing.	block down not many the applicable statutory filing	praniponents
Note: If the day	te inserted in this of he listed as the	block does not meet the applicable statutory filing document's effective date on the Department of S	tate's records.
THIS CARE IT IT			
		/	
		0000	
		10023	
	[(·	Signature of authorized representative)	
	Bonnie Wong, Au	ihorized Person II	
		(Typed or printed name of signee)	
	1		
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	H	N∎	

Filing Fee: \$25.00