

M070VVVVU6790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

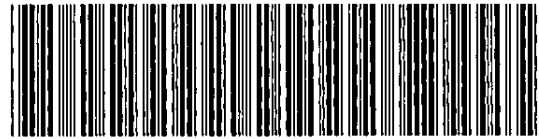
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300121504283

FILED  
08 APR 22 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
08 APR 22 AM 10:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
APR 22 2008  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 537857 4312639

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

FILED  
08 APR 22 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 21, 2008

ORDER TIME : 9:04 AM

ORDER NO. : 537857-120

CUSTOMER NO: 4312639

FOREIGN FILINGS

NAME: CENTRO NP PRESIDENTIAL PLAZA,  
LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER: \_\_\_\_\_

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

Centro NP Presidential Plaza, LLC

(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.

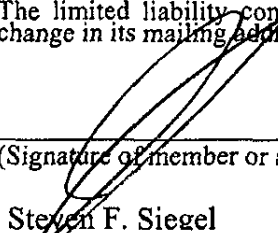
420 Lexington Avenue, 7th Floor

(Mailing address)

New York, NY 10170

(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)

Steven F. Siegel

(Typed or printed name of signee)

**Filing Fee: \$25.00**

RECEIVED  
TALLAHASSEE  
08 APR 22 PM 12:30  
FILED  
DEPARTMENT OF STATE  
FLORIDA