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## **COVER LETTER**

TO: !	Regist Divisio	ration Section on of Corporations		
SUBJEC	Т:	CKINLEY RETAILSOUTH I	.LC	
			ity Company)	
Dear Sir o	r Mac	lam:		
The enclos	sed wi	ithdrawal and fee(s) are submit	tted for filing.	
		correspondence concerning th		ring:
ELISABE	TH A	LONSO		
	_	(Name of Person)		<del>_</del>
MCKINLE	EY CO	OMPANIES LLC		
		(Firm/Company)		_
320 N MA	IN ST	REET SUITE 200		
	_	(Address)		<u> </u>
320 N MAIN STREET SUITE 200 (Address)  ANN ARBOR MI 48104 (City/State and Zip Code)				
	-	(City/State and Zip Coo	de)	_
For further i	inforn	nation concerning this matter, [	please call:	
Chelsea Che	eruvai	ath	734	769-8520
	_	(Name of Person)	at (at Code	& Daytime Telephone Number)
Re Dir P.C	gistra visio: D. Bo	Address: ation Section n of Corporations ox 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a chec	k for the following amount:		
□\$25 Filing	, Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MCKINLEY R	ETAILSOUTH LLC	
	(Name of limited liability company)	
MICHIGAN		
	(Jurisdiction of its organization)	<del></del>
JANUARY 318		1
	(Date registered with Florida Department of State)	—£,——
M08000000538		. <del>'</del>
	(Florida Document Number)	
Effective Date	iability company is withdrawing its certificate of authority in this state, if other than the date of filing:	
II an effective nore than 90 e Note: If the da	e date is listed, the date must be specific and cannot be prior to date of days after filing.)  ate inserted in this block does not meet the applicable and of the days.	
	not be listed as the document's effective date on the Department of St  (Signature of authorized representative)	ate`s records
	ALBERT BERRIZ	
	(Typed or printed name of signee)	