

M08 00000 2395

(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



500353402935

10/19/20--01034--006 \*\*25.00

FILED  
2020 OCT 19 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

11/24/20

Com

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Centrum Hillsboro, L.L.C.  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Horan  
\_\_\_\_\_

(Name of Person)

CP2 Management LLC  
\_\_\_\_\_

(Firm/Company)

225 W. Hubbard St., Suite 501  
\_\_\_\_\_

(Address)

Chicago, IL 60654  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Horan  
\_\_\_\_\_

(Name of Person)

312

at ( )

989-3589

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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 check 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

FILED

2020 OCT 19 PM 4: 37

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Centrum Hillsboro, L.L.C.

\_\_\_\_\_  
(Name of limited liability company)

Illinois

\_\_\_\_\_  
(Jurisdiction of its organization)

May 21, 2008

\_\_\_\_\_  
(Date registered with Florida Department of State)

M08000002395

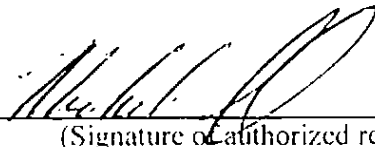
\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Michael Slaven

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**