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Thank you!

COVER LETTER

	gistration S vision of Co				
SUBJECT:	Pines City	y Center Residences LLC			
		(Name of For	eign Limited Liabilit	y Company)	
Dear Sir or	Madam:				
The enclose	d withdraw	al and fee(s) are submitted	d for filing.		
Please return	n all corres	pondence concerning this	matter to the followi	ng:	
Patricia Mc	Bratney				
		(Name of Person)		_	
Pines City	Center Resi	dences LLC			
		(Firm/Company)			
c/o MCRT	Pembroke l	Pines LLC, 2255 Glades F	Road, Suite 423A	_	
		(Address)			
Boca Rator	, FL 33431				
		(City/State and Zip Cod	e)		
For further	information	concerning this matter, p	lease call:		
Charlotte E	. Wolverto	n, Jones Day Paralegal	214 at (969-4567	
	(Nam	e of Person)		e & Daytime Telephone Number)	
Re Di Cli 26	gistration S vision of Co ifton Buildi 61 Executiv	orporations	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314	
Enclosed is	a check fo	r the following amount:			
□ \$25 Filin	g 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

Pines City Center Residences LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
October 26, 2011
(Date registered with Florida Department of State)
M11000005412
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
BY: MCRT Pembroke Pines LLC, Managing Member BY: Patricia McBratney, Chief Administrative Officer and Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00