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D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Center line G-veen HB II, LCC (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:
Jeffren Kronensold, Esq. (Name of Person)
(Firm/Company)
811 Coral Ridge DR. (Address)
Coval Springs, Fl 33071 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$30 Filing Fee & \$\square\$ \$55 Filing Fee & Certificate of Status \$\square\$ Certified Copy \$\square\$ Certified Copy \$\square\$ Certified Copy

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

Centerine (oveen HBILLC (Name of limited hability company)
Delaware (Jurisdiction of its organization)
M 1 2 0 0 0 0 0 2 1 8 5 (Florida Document Number)
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.
1209 Orange St. (Mailing address)
Wilmington DE 19801 (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)
Craig Perry (Typed or printed name of signee)