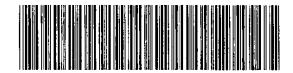
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TO:

Registration Section

Division of C	Corporations			
SUBJECT:	entral Park (Name of Fo	Multifar reign Limited Liability (nily Partners,	<u>LL</u> C
Dear Sir or Madam:				
The enclosed withdraw	wal and fee(s) are submitte	ed for filing.		
Please return all corre	spondence concerning this	matter to the following		
-Gov	(Name of Person)	te		
Central	Park Mult (Firm/Company)	hifamily Pav	rtners, LCC	
P. O.	Box 5910 (Address)	09		
Nashv	(City/State and Zip Coo	37205 - G	7109	
For further information	n concerning this matter, p	blease call:		
Brandi	Ferrari ne of Person)	at (<u>lo 15</u> (Area Code &) <u>250 - 1642</u> Daytime Telephone Number)	_
Registration Division of C Clifton Build 2661 Execut	Corporations	Regist Divisi P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check f	or the following amount:			
S25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

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TALLAHASSIE, FLORID;

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Filing Fee: \$25.00