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SUBJEC		Center SS Associates, LLC		
31 DUL	~··	(Name of For	eign Limited Liability	Company)
	or Madain:			
The encl	osed withdr	awal and fee(s) are submitte	d for filing.	
Please re	tum all con	respondence concerning this	matter to the following	g:
Kristen	M. Froese			
		(Name of Person)		_
Katten S	Muchin Rose	enman LLP		
		(Fim: Company)		_
525 We	st Monroe S	ireel		
		(Address)		_
Chicago	, IL 60661-1	3693		
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For furth	er informati	on concerning this matter, p	lease call:	
Kristen .	M. Froese		312 at (	902-5456
	(N)	ame of Person)	(Area Code &	& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327				Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		ce. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, Fl. 32303
Enclosed	l is a check	for the following amount:		
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

own Center SS Associates, LLC
(Name of limited liability company)
elaware
(Jurisdiction of its organization)
farch 29, 2018
(Date registered with Florida Department of State)
118000003041
(Florida Document Number)
ffective Date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or fore than 90 days after filing.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, also date will not be listed as the document's effective date on the Department of State's records.  (Signature of authorized representative)  Renee L. Kenyon
(Typed or printed name of signee)

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