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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL BF-REO, LLC

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D. BRUCE

OCT 24 2011

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## COVER LETTER

TO: Registration Division o	on Section f Corporations		
SUBJECT: BF-		reign Limited Liability (	Company)
Dear Sir or Madam.			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	:
Phillip M. Estav	ver, Esq		
	(Name of Person)		
Federal Depos	it Insurance Corpora	tion	,
	(Firm/Company)		
200 N. Marting	pale Road, Ste. 200		
	(12202)		
Schaumburg, I	L60173		
	(City/State and Zip Cod	le)	
For further informat	ion concerning this matter, p	olease cull:	
Phillip M. Esta	ver	at (847)	273-9580
(N	ame of Person)		Daytime Telephone Number)
	COURIER ADDRESS:	MAILING ADDRESS:	
Registration		Registration Section	
Clifton Bui	Corporations	Division of Corporations P.O. Box 6327	
2661 Execu	ntive Center Circle Florida 32301		issee, Florida 32314
Enclosed is a check	for the following amount:		
🗷 \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	© \$60 Filing Fee, Certificate of Status & Certified Copy

11 OCT 21 AT SE SECRETARY OF STATE TAIL AHASSEE, FLORE

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

Br•REU, LLU
(Name of limited liability company)
Minnesota
(Jurisdiction of its organization)
M09000001949
(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.
200 N. Martingale Road, Ste 200 (Mailing address)
Schaumburg, IL 60173 (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 pepresentative of a member)
John Neifing President

HOCT 21 AT STATE

Filing Fee: \$25.00

(Typed or printed name of signee)