MWCOSSUS

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	ł	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL	
(Document Number) Certified Copies Certificates of Status	(Our Freitrick)	
Certified Copies Certificates of Status	(Business Entity Name)	
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer:	

Office Use Only



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JUN - 5 2019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 790926 4360443	- -
AUTHORIZATION :	
COST LIMIT : \$ 25.00	(0.1)
ORDER DATE : June 4, 2019	デーン ,
ORDER TIME : 2:14 PM	
ORDER NO. : 790926-025	
CUSTOMER NO: 4360443	
FOREIGN FILINGS	
NAME: BRIXMOR SOUTHEAST RETAIL MANAGER, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	
XXXX WITHDRAWAL/CANCELLATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS	

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Brixm	or Southeast Retail Manager, LLC		
(Name	of limited liability company)		
	Delaware	-	924
(Jur	sdiction of its organization)		·=
	November 3, 2011		, 10.14 -
(Date register	ed with Florida Department of State)		<u></u>
	M11000005545	11	7
(F	lorida Document Number)	F 12-11	
This limited liability company is with	drawing its certificate of authority in this state	シー	-
more than 90 days after filing.) Note: If the date inserted in this block this date will not be listed as the docu	must be specific and cannot be prior to date of does not meet the applicable statutory filing rement's effective date on the Department of Statutory filing of authorized representative)	equiren	nents,
	ped or printed name of signee)		

Filing Fee: \$25.00