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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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,	,	
(Cit	y/State/Zip/Phone	e #)
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K. SALY JUL 1 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 730231 7211086 AUTHORIZATION COST LIMIT ORDER DATE: July 18, 2017 ORDER TIME : 12:21 PM ORDER NO. : 730231-010 CUSTOMER NO: 7211086 FOREIGN FILINGS NAME: BRIAD RESTAURANT MANAGEMENT, LLC XX CORPORATE LIMITED PARTNERSHIP _ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

TO:

Registration Section

Reio	d Restaurant Management, Li	I.C	
SUBJECT:		oreign Limited Liability	Company)
	`		
Dear Sir or Mada	m:		
The enclosed with	drawal and fee(s) are submitte	ed for filing.	
Please return all c	orrespondence concerning thi	s matter to the following	g:
Marlene G. Laver	nan, Esq.		
	(Name of Person)		_
c/o The Briad Gr	oup		
	(Firm/Company)	31 12	_
78 Okner Parkwa	у		
	(Address)		_
Livingston, NJ 07	039		
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Co	de)	_
For further inform	ation concerning this matter, 1	please call:	
Marlene G. Laver	nan	973 at (597-6433 x1115
	(Name of Person)	(Area Code &) è Daytime Telephone Number)
Registrat	COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Division Clifton H	of Corporations	Division of Corporations P.O. Box 6327	
2661 Exe	ecutive Center Circle see, Florida 32301		hassee, Florida 32314
Enclosed is a che	ck for the following amount	:	
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Briad Restaurant Management, LLC	
(Name of limited liability company)	1
Nevada	18
(Jurisdiction of its organization)	572
08/09/13	75 8
(Date registered with Florida Department of State)	0111119
M13000005009	100
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this s	state.
Effective Date, if other than the date of filing: 07/17/2017	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to dat more than 90 days after filing.)	e of filing or
Note: If the date inserted in this block does not meet the applicable statutory fili	ing requirements
this date will not be listed as the document's effective date on the Department o	
·	
	_
(Signature of authorized representative)	_
Bradford Honigfeld, Member	
(Typed or printed name of signee)	

Filing Fee: \$25.00