Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000031358 3)))



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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 BRE DDR BR BREAKFAST FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sc Division of Co			
SUBJECT: BRE DI	OR BR BREAKFAST FL		
	(Name of For	eign Limited Liability C	Company)
Dear Sin or Madam:			
The enclosed withdraw	al and fee(s) are submitted	l for filing.	
Please return all corresp	ondence concerning this	matter to the following:	
Elizabeth A. Berry c/o	DDR Corp.		
·	(Name of Person)		
BRE DOR BR BREA	AKFA S T FL LLC		
	(l-lim/Company)		
3300 Enterprise Parkw	ay		
	(Address)		
Beachwood, OH 4412	2		
	(City/State and Zip Cod	0)	
For further information	concerning this matter, p	lease call:	
Elizabeth A. Berry		216	755-5635
(Nam	e of Person)		Daytime Telephone Number)
STREET/CO Registration S	URIER ADDRESS:	MAILING ADDRESS; Registration Section	
Division of Co		Division of Corporations	
Clifton Buildi	_	P.O. Box 6327 Tallahassee, Florida 32314	
7661 Executiv Tallahassee, F	re Center Circle Horida 32301	חמונגן	855CE, 110710B 32314
Enclosed is a check fo	r 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

BRE DDR BR BREAKFAST FL LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
June 27, 2014
(Date registered with Florida Department of State)
M1400004607
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
David E. Weiss, Executive Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00

