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DEPARTMENT OF STATE DIVISION OF LURIS AM 10: 58

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APR 1 7 2015

S. YOUNG

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION () COST LIMIT : \$ 25.00 ORDER DATE: April 15, 2015 ORDER TIME : 9:23 AM ORDER NO. : 591305-010 CUSTOMER NO: 7584242 FOREIGN FILINGS NAME: DCT BRAWNER LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

CONTACT PERSON: Lydia Cohen - EXT# 62974

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

COVER LETTER

Division o	of Corporations			
DCT	Brawner LLC			
SUBJECT:	(Name of Fo	oreign Limited Liability	Company)	<u></u>
Dear Sir or Madam	:			
The enclosed withd	rawal and fcc(s) are submitt	ed for filing.		
Please return all co	rrespondence concerning thi	s matter to the following	g:	
Marilyn Cartwi	ight			
	(Name of Person)		-	
DCT Industrial	Trust INc.			
	(Firm/Company)		-	
518 17th Stree	et, Suite 800			
	(Address)	<u> </u>	-	
Denver, CO 80)202			
**************************************	(City/State and Zip Cod	ic)	-	
For further informat	ion concerning this matter, p	please call:		نگست و د
Marilyn Cartwr	ight	303 at (597-2400	
7)	lame of Person)		2 Daytime Telephone Number)	3 7
Registratio Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		M 0 2
	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	٤

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DCT Brawn	er LLC	
<u></u>	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
February 26	, 2015	
	(Date registered with Florida Department of State)	
M15000001	518	
	(Florida Document Number)	
This limited li	ability company is withdrawing its certificate of authority in this state	:.
	(Signature of authorized representative)	71, 5A
	Marilyn Cartwright, Authorized Representative	…i 夏 m
	(Typed or printed name of signee)	16 A P 2

Filing Fee: \$25.00