M100009119

| (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: | | | |
| | | | |
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| | | | |

Office Use Only



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HOY OF 2017 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE 4360443 AUTHORIZATION \$ 25.00 COST LIMIT ORDER DATE: November 2, 2017 ORDER TIME : 9:25 AM ORDER NO. : 896128-005 CUSTOMER NO: 4360443 FOREIGN FILINGS NAME: BRIXMOR UPLAND TOWN SQUARE 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 CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO:

Registration Section

| Division o | of Corporations | | | |
|--|--|---|---|---|
| Brixn SUBJECT: | nor Upland Town Square LL | С | | |
| | (Name of Fo | reign Limited Liability | Company) | |
| Dear Sir or Madam | ı: | | | |
| The enclosed withd | rawal and fee(s) are submitte | ed for filing. | | |
| Please return all co | rrespondence concerning this | matter to the following | : | |
| Felicia DiPaola | | | | |
| | (Name of Person) | | | |
| Brixmor Property (| Group | | | |
| · | (Firm/Company) | | | |
| 450 Lexington Ave | nue, 13th Floor | | | , |
| | (Address) | | | |
| New York, New Y | ork 10017 | | | |
| | (City/State and Zip Coo | le) | • | |
| for further informa | tion concerning this matter, p | dease call: | | |
| | | at (|) | 1 |
| 7) | Name of Person) | (Area Code & | Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | į |
| Enclosed is a checl | c 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 | 1 |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Brixmor Upland Town Square LLC | |
|---|-------------|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| October 25, 20187 | |
| (Date registered with Florida Department of State) | |
| M17000009119 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| Effective Date, if other than the date of filing: | quirements, |
| (Signature of authorized representative) | |
| Patrick Bennison | |
| (Typed or printed name of signee) | 1011-1101 |

Filing Fee: \$25.00