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Michael G. Adams Kentucky Secretary of State Received and Filed: 1/28/2025 7:58 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490		of Withdrawal dusiness Entity)		WFE
www.sos.ky.gov				
Pursuant to the provisions of KR business entity named below an				on behalf of the
The name of the business entity is Brixmor GA Elizabethtown LLC				
(The name must be identical to the name on record with the Secretary of State.)				
2. The state or country of forma	tion is Dela	ware		
The Secretary of State may for on the Secretary of State and				
100 Park Avenue, Suite 60	00N	New York	New York	10017
Street Address (No Post Office Bo	ox Numbers)	City	State	Zip Code
 The business entity is not transacting business in the Commonwealth and surrenders its authority to transact business in the Commonwealth or pursuant to KRS 14A.9-010(7) the business entity is a foreign insurer with a certificate of authority from the commissioner of the Department of Insurance. The business entity revokes the authority of its registered agent to accept service of process on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the Commonwealth. The business entity shall notify the Secretary of State in the future of any change in its maiting address. 				
6. This application will be effecti	ve upon filing.			
I declare under penalty of perjury	under the laws of l	Kentucky that the forgo	oing is true and correct.	
		Steven Siegel		1/27/2028
Signature of Authorized Represen	tative	Printed Name		Date