

**B09 000000028**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2013 JUN 20 AM 11:10  
SECRETARY OF STATE  
ALLAHABAD UGANDA

JUN 21 2013

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*B09-28*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEM PARALLEL XXXV, LP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BRAD NEMZER

(Contact Person)

LEM CAPITAL, LP

(Firm/Company)

2929 ARCH STREET, 28TH FL

(Address)

PHILADELPHIA, PA 19104-2868

(City, State and Zip Code)

For further information concerning this matter, please call:

BRAD NEMZER at ( 215 ) 609-3367  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☒ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301  
JUN 20 2013

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**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

LEM PARALLEL XXXV, LP

(Name of limited partnership or limited liability limited partnership)

DE

(Jurisdiction of formation)

03/05/2009

(Date authorized to transact business in Florida)

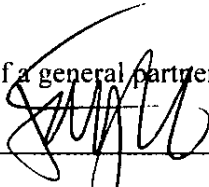
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: \_\_\_\_\_



✓

Typed or printed name: \_\_\_\_\_

JAY EISNER

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
FACILITY SERVICES DIVISION

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FILED