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2014 MAY -5 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FI ORIGIN

K. SALY EXAMINER

MAY 1 4 2014

COVER LETTER

TO: Registration Section Division of Corporations		
Val Bufud	1.12.	
	o 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:		
Maria Hall (Contact Person)		
Lexington Realty A	dvisors. Inc	
One Penn Plaza, Suit		
New York, NY 10110		
(City, State and Zip Code)		
For further information concerning this matter, please call:		
Maria Hall	at (212)692 7263	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle Tallahassee, FL 32301	rananassee, r.L. 32314	

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



Xel Oxford L.P.
(Name of limited partnership or limited liability limited partnership)
Delaware (Jurisdiction of formation) 1/22/2013
(Jurisdiction of formation)
1/22/2013
(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: By: Xel Oxford GP LL(, general partner By: LRA Manager Coxp., manage By: Typed or printed name: Marialtall
Filing Fee: \$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):