

(Re	equestor's Name)				
; (Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SCRETARY OF STATE



November 2, 2015

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

Re: Notice of Withdrawal of Certificate of Authority

## Dear Sir/Madam:

Enclosed for filing is an original Notice of Withdrawal of Certificate of Authority along with a check in the amount of \$25.00 for the filing fee for each of the following limited liability companies:

- 1. Newkirk Skoob GP LLC;
- 2. Lexington Skoob LLC;
- 3. Lexington Fort Meyers Manager LLC;
- 4. Newkirk Lanmar GP LLC; and
- 5. NLSAF Jacksonville GP LLC.

Please return filed-stamped copies to my attention via the enclosed envelope provided for your convenience. I can be reached at 212.692.7263.

Very truly yours

Illison Forrester

Enclosures

## **COVER LETTER**

TO:

Registration Section

Div	ision of (	Corporations			
SUBJECT:	Newkirk Skoob GP LLC				
SUBJECT.		(Name of For	eign Limited Liability C	Company)	
Dear Sir or N	Madam:				
The enclosed	d withdra	wal and fee(s) are submitted	d for filing.		
Please return	all corre	spondence concerning this	matter to the following:		
Allison Fo	orreste	r			
		(Name of Person)			
Lexingtor	n Realty	y Advisors, Inc.			
		(Firm/Company)			
One Pen	n Plaza	ı, Suite 4015			
		(Address)			
New York	k, NY <u>1</u>	0119			
		(City/State and Zip Cod	e)		
For further in	nformatio	n concerning this matter, p	lease call:		
Allison Fo	orreste	r	212 at (	692-7263	
	(Na	me of Person)		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			
Enclosed is	a check f	or the following amount:			
☑ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Newkirk Skoob GP LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
December 14, 2001
(Date registered with Florida Department of State)
M0100002792
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Allison Forrester
(Typed or printed name of signee)

Filing Fee: \$25.00