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COVER LETTER

	egistration ivision of (Section Corporations		
SUBJECT		irk Lanmar GP LLC		
	•	(Name of For	eign Limited Liability (Company)
Dear Sir or	Madam:			
The enclos	ed withdra	wal and fee(s) are submitte	d for filing.	
Please retu	rn all corre	espondence concerning this	matter to the following	;
Allison F	orreste	r		
		(Name of Person)		
Lexingto	n Realt	y Advisors, Inc.		
		(Firm/Company)		•
One Per	nn Plaza	a, Suite 4015		
		(Address)		
New Yo	rk, NY 1	0119		
		(City/State and Zip Cod	e)	
For further	informatio	on concerning this matter, p	lease call:	
Allison F	orreste	r	212 at (692-7263
	(Na	me 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		
2 \$25 Filin		for the following amount: \$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 Lanmar GP LLC			
(Name of limited liability company)			_
Delaware			
(Jurisdiction of its organization)	·····		-
December 14, 2001			
(Date registered with Florida Department of State)			-
M0100002798			
(Florida Document Number)			-
This limited liability company is withdrawing its certificate of authority in this state.			
(Signature of authorized representative)	IAL	. 15	
Allison Forrester		₹ 0₩	;
(Typed or printed name of signee)	ASSEE, FLORID	15 NOV 10 PM 1:01	

Filing Fee: \$25.00