

M 07000007229

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

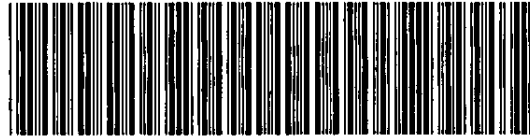
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



200278966692

11/10/15--01007--027 \*\*25.00

FILED  
15 NOV 10 AM 10:52  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

NOV 13 2015

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NLSAF Jacksonville GP LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Forrester

(Name of Person)

Lexington Realty Advisors, Inc.

(Firm/Company)

One Penn Plaza, Suite 4015

(Address)

New York, NY 10119

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Forrester

(Name of Person)

at ( 212 ) 692-7263  
(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

Enclosed is a check for the following amount:

- ☒ \$25 Filing 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**

NLSAF Jacksonville GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

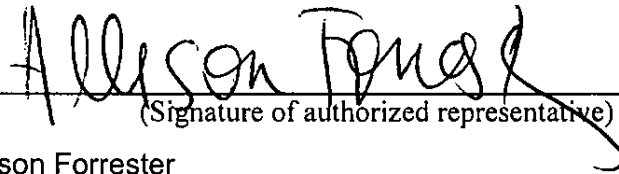
December 13, 2007

(Date registered with Florida Department of State)

M07000007229

(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)

FILED  
15 NOV 10 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**