

**MO8000001212**

\_\_\_\_\_  
(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



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02/20/18--01027--005 \*\*25.00

**B FIGUEROA**

**FEB 22 2018**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 20 PM 1:38**



February 14, 2018

**REGISTRATION SECTION  
DIVISION OF CORPORATIONS**

P.O. Box 6327  
Tallahassee, FL 32314

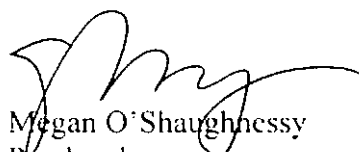
**RE: NLSAF TAMPA GP LLC- NOTICE OF WITHDRAWAL OF CERTIFICATE OF  
AUTHORITY**

Dear Sir/Madam:

Enclosed for filing is an original Notice of Withdrawal of Certificate of Authority for NLSAF Tampa GP LLC along with a check in the amount of TWENTY FIVE AND 00/100 (\$25.00) DOLLARS to cover the filing fee.

Please return the filed-stamped copy to my attention in the enclosed return envelope. Should you require anything further to facilitate this matter, please do not hesitate to contact me at (212) 692-7207.

Thank you.



Megan O'Shaughnessy  
Paralegal

/mo

Enclosures

Cc: Joe Bonventre  
Allison Forrester

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NLSAF Tampa 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 Trust

\_\_\_\_\_  
(Firm/Company)

One Penn Plaza, Suite 4015

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

New York, New York 10119

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Forrester

212

692-7263

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name 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

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 Tampa GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 13, 2008

(Date registered with Florida Department of State)

M08000001212

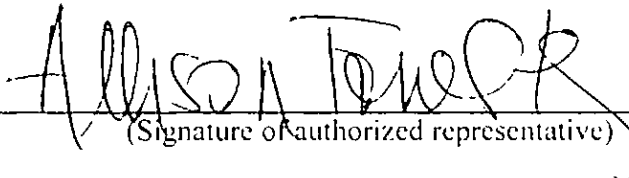
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Allison Forrester, Assistant Secretary

(Typed or printed name of signee)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB 20 PM 1:30

Filing Fee: \$25.00