MILLULLICE

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COVER LETTER

Registration Section

TO:

Divis	sion of (Corporations				
SUBJECT:	Chader Associates LLC					
SOBSECT: _	(Name of Foreign Limited Liability Company)					
Dear Sir or M	ladam:					
The enclosed	withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corre	espondence concerning this	matter to the following	3'		
Allison Fo	rreste	r				
		(Name of Person)		-		
Lexington	Realt	y Trust			*	
		(Firm/Company)		- :		
One Penn	n Plaza	a, Suite 4015			H-100	
		(Address)		-	用與	
New York	, NY 1	0119			To the state of th	
		(City/State and Zip Coo	le)	_	3	
For further in	ıformati	on concerning this matter, p	olease call:			
Allison Fo	rreste	r	212 at (692-7263		
	(Na	ime of Person)	(Area Code d	& 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	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	ć	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Chader Associates LLC		
(Name of limited liability company)		
New York		
(Jurisdiction of its organization)		
March 5, 2010		
(Date registered with Florida Department of State)		
M1000001030		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.	ı	
(Signature of authorized representative) All Son Toylogle (Typed or printed name of signee)	2015 HAR 30 PH 12: 01	

Filing Fee: \$25.00