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## **COVER LETTER**

Registration Section

TO:

Division of	Corporations			
Lexin	gton Skoob LLC			
<u></u>	(Name of For	eign Limited Liability (	Company)	
Dear Sir or Madam:	,			
The enclosed withdra	awal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the following	:	
Allison Forreste	r			
	(Name of Person)		•	
Lexington Real	ty Advisors, Inc.			
	(Firm/Company)		· -	TS 5
One Penn Plaz	a, Suite 4015			NOV 10 PH 3 45
	(Address)			器型 om
New York, NY	10119			MOR R D
	(City/State and Zip Cod	(e)	•	ORAD S
For further informati	on concerning this matter, p	lease call:		<b>&gt;</b>
Allison Forreste	er .	212 at (	692-7263	
(Na	ame of Person)		Daytime Telephone Number)	<del></del>
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations ding tive Center Circle , Florida 32301	Regist Divisi P.O. E Tallah	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
Enclosed is a check	for the following amount:			
2 \$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

Lexington Skoob LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
June 2, 2010		
(Date registered with Florida Department of State)		
M1000002454		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative)	SEC <b>3</b>	
Allison Forrester		ij
(Typed or printed name of signee)	SYCESTATE STATE	•

Filing Fee: \$25.00