M1300000444

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
i I		

Office Use Only



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May 22, 2014

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> Re: Notice of Withdrawal of Certificate of Authority

Dear Sir/Madam:

Enclosed for filing are an original and one copy of a Notice for Withdrawal of Certificate of Authority for Xel Oxford GP LLC along with a check in the amount of \$25.00 for the filing fee.

Please return the filed-stamped copy to my attention in the enclosed return envelope. I can be reached at 212-692-7263.

> Maria Hall Very truly yours,

Enc.

COVER LETTER

TO: Régistration Section Division of Corporations
SUBJECT: Xel Oxford G-P 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:
Maria Hall (Name of Person)
Lexington Realty Advisors, Inc.
One Penn Plaza Suite 4015
NOW YOYK, NY 10119 (City/State and Zip Code)
For further information concerning this matter, please call:
Maria Hall at 212,692-7263
(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 Certificate of Status Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Xel Oxford GP LLC		
(Name of limited liability company)		_
Delaware		
(Jurisdiction of its organization)	 	_
1/22/2013		
(Date registered with Florida Department of State)	 	
M 13 00000444	 _	
(Florida Document Number)	 	
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative)		
Maria Hall (Typed or printed name of signee)	.	* m >]
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Filing Fee: \$25.00