## MIN 0000 00116

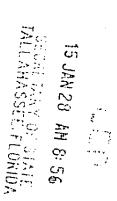
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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J. Shilvers FEB 0 5

## **COVER LETTER**

	istration Section sion of Corpora				
SUBJECT:	ExchangeRight Net Leased Portfolio 5, LLC				
		(Name of Fo	reign Limited Liability	Company)	
Dear Sir or M	ſadam:				
The enclosed	withdrawal and	I fee(s) are submitte	d for filing.		
Please return	all corresponde	nce concerning this	matter to the following	g:	
	Jen	ınifer Chase			
	(1)	lame of Person)		_	
ExchangeRight Real Estate, LLC					
	(F	irm/Company)		_	
	251 S. Lak	e Avenue, Suite !	520		
	(A	ddress)		_	
	Pasade	na, CA 91101			
	(C	ity/State and Zip Cod	c)	_	
For further in	formation conce	erning this matter, p	lease call:		
Jennifer Chase		at (855	317-4448		
	(Name of Pe	erson)		& 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		Filing Fee & ertificate of Status	□ \$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ExchangeRight Net Leased Portfolio 5, LLC	
(Name of limited liability company)	
Iowa	
(Jurisdiction of its organization)	
01/07/14	
(Date registered with Florida Department of State)	
M1400000116	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this stat	te.
(Signature of authorized representative)  WILL THIMAS  (Typed or printed name of signee)	15 JAN 28 AH 8: 5 SECAL TANY OF STA

Filing Fee: \$25.00