1415000000763

(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:	

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2022 FEB 17 AMII: 5

RECEIVED

Y SULKER. FEB 1 8 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 491614 75	78386
AUTHORIZATION: Spellede no	en
COST LIMIT : \$25.00	
ORDER DATE : February 16, 2022	
ORDER TIME : 8:55 AM	
ORDER NO. : 491614-005	
CUSTOMER NO: 7578386	
FOREIGN FILINGS NAME: LEX PELICAN GP LLC	
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY	
XXXX WITHDRAWAL/CANCELLATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS	

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

TO: Registration Division of	a Section Corporations		
	PELICAN GP LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Maria Roman			
	(Name of Person)		_
Lexington Realty	Trust		
	(Firm/Company)		_
One Penn Plaza,	Suite 4015		
	(Address)		_
New York, New Y	ork 10119		
	(City/State and Zip Cod	c)	_
For further informat	tion concerning this matter, p	olease call:	
Maria Roman		212 at (692-7238
(5)	fame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address; Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	c 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

LEX PELICAN GP LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
01/29/2015
(Date registered with Florida Department of State)
M15000000763
(Florida Document Number)
Effective Date, if other than the date of filing: (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)
Maria Roman, Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00