

1497 00 00000 633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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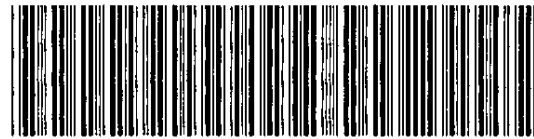
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 28 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 078113 7578386

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 27, 2009

ORDER TIME : 3:40 PM

ORDER NO. : 078113-050

CUSTOMER NO: 7578386

FOREIGN FILINGS

NAME: CHADER ASSOCIATES LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Doreen Wallace - EXT# 2928

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Chader Associates LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

c/o Lexington Realty Trust; One Penn Plaza, Suite 4015

(Mailing address)

New York, NY 10119-4015

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

By: Chader Manager LLC, manager

By: Newkirk GP LLC, member

By: Maria Hall, Assistant Secretary

Filing Fee: \$25.00

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