## vision of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

### LLC DISS/WITH OR REV DISS LEXFORD GP, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

C. LEWIS

DEC \_ 4 2009

**EXAMINER** 

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lexford GP, LL.C.	Limited Liability Company)
(Name of Poleign	ышкы данку сопраку)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for	filing.
Please return all correspondence concerning this main	x to the following:
Michelle La Pelle	
(Name of Person)	
c/o Equity Residential	
(Firm/Company)	<del></del>
Two North Riverside Plaza, Suite 400	
(Address)	A CONTRACTOR OF THE CONTRACTOR
Chicago, Illinois 60606	•
(City/State and Zip Code)	
For further information concerning this matter, please	
Michelle La Pelle (Name of Parson)	at (312 928-8463 (Area Code & Daytime Telephone Number)
(14mm or Ference)	(Alex Com at Dayante Feedback Number)
STREET/COURTER ADDRESS: Registration Section Division of Corporations Chiton Building 2661 Executive Center Circle Tallahassee, Plorida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, Florida 32314
Enclosed is a check for the following amount:	•
	55 Filing Fee & S60 Filing Fee, ertified Copy Certificate of Status & Certified Copy

FL070 - 03/14/2005 C T System Online

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

P, L.L.C.	
(Name of limited liability company)	<del>*************************************</del>
M980000049	77
(Jurisdiction of its organization)	
ited liability company is no longer transacting business in Florida and surrer to transact business in this state.	nders its
ted liability company revokes the authority of its registered agent to accept set and appoints the Department of State as its agent for service of process baraction arising during the time it was authorized to transact business in Florida.	rvice on sed on a
Two North Riverside Plaza, Suite 400	
(Mailing address)	
Chicago, Illinois 60606	
(City/State/Zip)	
red liability company agrees to notify the Department of State in the future its mailing address.  of member or authorized representative of a member)	of any
CHMENT	d. 2
printed name of signee)	FILED BOEC-3 M 7: 35 SECRETARY OF STATE SECRETARY OF STATE
	(Jurisdiction of its organization)  ited liability company is no longer transacting business in Florida and surrer to transact business in this state.  Ited liability company revokes the authority of its registered agent to accept see and appoints the Department of State as its agent for service of process baraction arising during the time it was authorized to transact business in Florida.  Two North Riverside Plaza, Suite 400  (Mailing address)  Chicago, Illinois 60606  (City/State/Zip)

Filing Fee: \$25.00

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2009 DEC -3 AH 7: 35

STATE OF FLORIDA

STATE OF FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL

OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

LEXFORD GP, L.L.C.

#### SIGNATURE OF MEMBER:

LEXFORD PROPERTIES, L.P., an Ohio limited partnership

Lexford Partners, L.L.C.,

an Ohio limited liability company,

its general partner

ERP Operating Limited Partnership, Ву:

an Illinois limited partnership, its member and manager

Ву: Equity Residential,

a Maryland real estate investment trust,

Its general partner

Ву: Name: Michelle La Pelle

its: Assistant Secretary