M0500001218

(Re	equestor's Name)	<u>-</u>
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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01/08/14--01009--007 **675.00



JAN 10 2013

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 60 5	of section 60 5 Florida Statutes, the undersigned,	
Nationa	l Corporate Researc	h, Ltd. , hereby r	esigns as
	Name of Registered Agent		
Registered Agent for	CABOT NO	ORTH UNIVERSITY DRIVE	₹ 27 LLC
	,		
	Name of Limited I	Liability Company	/
	0001218 mber, if known	-	
Document Nu.	inder, ii known		
A copy of this resignatio	n was mailed to the above	e listed limited liability company	at its last known address.
The agency is terminated	d and the office discontinu	ued on the 31st day after the date	on which this statement is filed
	0 1	nature of Resigning Agent	_
	Sig	nature of Resigning Agent	
If signing on behalf of an	n entity:	•	
	Andre	ew Lundgren	
	Typed	or Printed Name	-
	V.P., National C	orporate Research, Ltd.	
	C	Capacity	56 5
			255
			17c -
	FILING FEI \$ 85.00 Ac \$ 25.00 Ac	ES: ctive limited liability company dministratively dissolved/ voluni vithdrawn limited liability compa	tarily dissolved/3

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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INHS17 (08/05)