# L01000012971

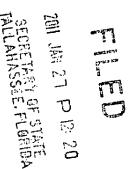
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## **COVER LETTER**

SUBJECT: CAABEL, LC
SUBJECT: CAABEL, LC  Name of Limited Liability Company
DOCUMENT NUMBER: L01000012971
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TODD S. PAYNE
Name of Person
ZEBERSKY & PAYNE, LLP
Name of Firm/Company
110 SE 6TH STREET, STE. 2150 Address
FORT LAUDERDALE, FL 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TODD S. PAYNE at ( 954 ) 989-6333  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## **MAILING ADDRESS:**

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section	n 608.416(2) or 608.509, Florida Statutes	, the undersigned,
TODD S	. PAYNE . h	ereby resigns as
Name of Reg	istered Agent	-1
Registered Agent for	CAABEL, LC	For Service To the service of the se
N	ame of Limited Liability Company	SSET I
L01000012971		
Document Number, if know	11	월 2
A copy of this resignation was maile	ed to the above listed limited liability con	npany at its last known address.
The agency is terminated and the of	fice discontinued on the 31st day after the	e date on which this statement is filed.
<del></del>	Signature of Resigning Agent	<del></del>
If signing on behalf of an entity:		
	Typed or Printed Name	<del></del>
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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