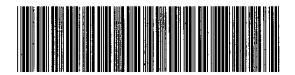
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(Re	questor's Name)	
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T. CLINE

JAN 15 2010

EXAMINER

COVER LETTER

SUBJECT: CABOT DADELAND Name of Lir	TOWE	RS NOF	RTH 12 LLC			
DOCUMENT NUMBER:	M0400004898					
The enclosed Resignation of Registered Agent for filing.	for a Lim	ited Liabil	ity Company and	d fee are	submitt	ed
Please return all correspondence concerning th	is matter t	o the follo	wing:			
Mary E. Fink Name of Person						
National Corporate Research, LTD, Name of Firm/Company	, Inc.			SEAS	2010 JAH 14	ء د ب
615 S. Dupont Highway Address				SSEC SANGE	= 0	3
Dover, DE 19901 City/State and Zip Code					PK 1: 12	
mfink@nationalcorp.com E-mail address: (to be used for future annual reportion further information concerning this matter,						
Mary E. Fink a	t (800)	483-1140			

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

Area Code & Daytime Telephone Number

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

Pursuant to the provisions o	f section 608.416(2) or 608.509, Florida Statutes, the undersign	gned,
	porate Research, LTD, Inc. , hereby resigns ne of Registered Agent	sas
Registered Agent for	CABOT DADELAND TOWERS NORTH 12	LLC
	Name of Limited Liability Company	
M040000	04898	
Document Number	r, if known	
	ras mailed to the above listed limited liability company at its led the office discontinued on the 31st day after the date on which	
_	Signature of Resigning Agent	78 210
If signing on behalf of an er	tity:	77 THE 18
<u> </u>	Wayne Rafanelli Typed or Printed Name P., National Corporate Research, LTD., Inc. Capacity	SSEC. FLOR

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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