## M0500000 1217

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100253537551

01/08/14--01009--007 \*\*675.00



T. SHAME INVITED SALES

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 60 S	Florida Statutes, the	Florida Statutes, the undersigned,			
Nationa	Il Corporate Research, I Name of Registered Agent	Ltd. , hereb	y resigns as			
Registered Agent for	CABOT NOR	TH UNIVERSITY DRI	VE 22 LLC		_	
	Name of Limited Liab	ility Company				
	0001213					
Document Nu	inber, if known					
A copy of this resignation	on was mailed to the above lis	sted limited liability compar	ny at its last known a	address	i.	
The agency is terminated	d and the office discontinued	on the 31st day after the da	te on which this stat	ement	is filed.	
	A. W	W				
	Signatu	of Resigning Agent				
If signing on behalf of a	n entity:	IJ				
		Lundgren Printed Name	- VALL	****		
	• ,	porate Research, Ltd.	**************************************		; }	
	Capac			1	** 447.2	
	·		<u> जिल्</u> शिट	-:p	*****	
			FI	22.	1	
			JA TE	FN 12: 35	الموروب	
	\$ 25.00 Adm	to limited liability company inistratively dissolved/ volidrawn limited liability com	untarily dissolved/	01		

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