# M05000003497

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Pa Resignation

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## **COVER LETTER**

SUBJECT: Name of	of Limited Liability	Company	
DOCUMENT NUMBER: M050000034	97		
The enclosed Resignation of Registered A for filing.		d Liability Company and fee	are submitted
Please return all correspondence concernir	ng this matter to t	he following:	
Gina M. Corona			
Name of Person		-	
National Corporate Research, Ltd.			
Name of Firm/Company	-	-	
615 S. Dupont Hwy			
Address		-	
Dover, DE 19901			
City/State and Zip Code			
			35 75 75 75 75 75 75 75 75 75 75 75 75 75
E-mail address: (to be used for future annual	report notification)	-	SECH THAY 2
For further information concerning this ma	itter, please call:		122 <b>- 1</b>
Gina M. Corona	866	<b>621-3524</b>	
Name of Person	at ( Area Code	)	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**TO:** Registration Section

Division of Corporations

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

## STREET ADDRESS:

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

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

Pursuant to the provisions of section 605.0115,	Florida Statutes, the undersigned,	
National Corporate Research, Ltd.	, hereby resigns as	
Name of Registered Agent	, notes, tesigns as	
Registered Agent for		
CABOT CYPRESS CREEK TOWER 2	?LLC	
Name of Limite	ed Liability Company	
M05000003497		
Document Number, if known	<del>_</del>	
A copy of this resignation was mailed to the abo	ove listed limited liability company at its last known address.	
The state of the s	Signature of Resigning Agent	d.
If signing on behalf of an entity:		
Florence Spelzha	usen	
Тур	ed or Printed Name	
Assistant Secretar	ry 🚆 🚆	, I
	Capacity G	

FILING FEES:

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\$ 25.00 Administratively dissolved/ withdrawn limited liability company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