# M05000003579

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SECREMENT OF AN INC.

Ra Resignation

### **COVER LETTER**

SUBJECT: CABOT CYPRESS CREEK TOWER 10 LL	.C	<u> </u>
Name of Limited Liability  M05000003579	Company	
DOCUMENT NUMBER: M05000003579		<del>_</del>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee	are submitted
Please return all correspondence concerning this matter to the	ne 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	•	
		755 <b>5</b>
E-mail address: (to be used for future annual report notification)		5 <b>5</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
For further information concerning this matter, please call:		
Gina M. Corona 866	) 621-3524 Daytime Telephone Number	
Name of Person Area Code	Daytime Telephone Number	To #
Enclosed is a check made payable to the Florida Departmen liability company or \$25:00 for an administratively dissolve liability company.	t of State for \$85.00 for an add, voluntarily dissolved or w	ctive limited

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisi	ons of section 605,0115, Florida Sta	itutes, the undersigned,		
National Corporate Research, Ltd.		, hereby resigns as		
	Name of Registered Agent	, ,		
Registered Agent for _				
CABOT CYPRES	S CREEK TOWER 10 LLC			
	Name of Limited Liability C	ompany		
M05000003579				
Document N	lumber, if known			
A copy of this resignat	ion was mailed to the above listed l	imited liability company at its last known a	ddress.	
The agency is terminat	ed and the office discontinued on the	ne 31st day after the date on which this state	ement is	filed.
	Signature of I	Resigning Agent		
If signing on behalf of an entity:				. 40,
	Florence Spelzhausen	<u></u>	HHY 2	
	Typed or Printed	Name 07		
	Assistant Secretary	(n)		}
	Capacity			. ;

FILING FEES:

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withdrawn limited liability company \$ 85.00 \$ 25.00

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