Mo5000005337

(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:		

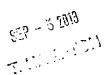
Office Use Only



200251057332

09/04/13--01011--002 **1870.00

SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: CABOT NOR IF Name of Limit	I ORANGE 22, LLC ed Liability Company
DOCUMENT NUMBER:	M05000005337
The enclosed Resignation of Registered Agent for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Florence Spelzhausen Name of Person	
National Corporate Research, Ltd. Name of Firm/Company	
615 S Dupont Hwy Address	
Dover, DE 19901 City/State and Zip Code	
statrep@nationalcorp.com E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, p	lease call:
Florence Spelzhausen at (800) 483-1140 ext 3013 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ely dissolved, voluntarily dissolved or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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	s of section 608.416(2) or 608.509, Florida Statutes, the und	ersigned,	
National	Corporate Research, Ltd. , hereby res	signs as	
ì	Name of Registered Agent		
Registered Agent for	gistered Agent for CABOT NORTH ORANGE 22, LLC		
	Name of Limited Liability Company	,	
M05000	005337		
Document Nun	nber, if known		
A copy of this resignation	was mailed to the above listed limited liability company at	its last known address.	
The agency is terminated	and the office discontinued on the 31st day after the date or	which this statement is filed	
	A. hulyn		
	Signature of Resigning Agent		
If signing on behalf of an entity:		Pro 3	
	Andrew Lundgren	CA S	
•	Typed or Printed Name		
	V.P., National Corporate Research, Ltd.	FILE SEP -4 AHASSEE,	
•	Capacity	TILED	
		POLS VIS	

\$ 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