

M05000006499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

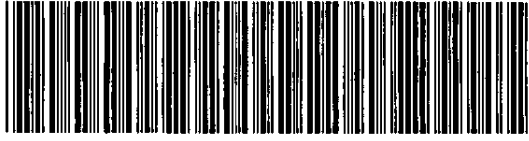
(Business Entity Name)

(Document Number)

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RA Resignation

MAY 29 2015

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABOT TRAFALGAR/AVION 8 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M05000006499

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina M. Corona at (866) 621-3524
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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\$85.00 for an active limited liability company or \$25:00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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.
Name of Registered Agent, hereby resigns as

Registered Agent for CABOT TRAFALGAR/AVION 8 LLC
Name of Limited Liability Company

M05000006499
Document Number, 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 on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Florence Spelzhausen
Typed or Printed Name
Assistant Secretary
Capacity

FILED
15 MAY 27 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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