MD5000016520

•			
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
Ę		į	

Office Use Only



100268720351

01/30/15--01027--019 **255.00

2/2005

FEB 0'3 2015

R. WHITE

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314



Save Resources, Save Postage

Only an electronic copy is needed for our files. When possible, please return filings via email to **changes@nationalcorp.com**.

COVER LETTER

Na	me of Limited Liab	ility Company
DOCUMENT NUMBER: M050000	06520	
The enclosed Resignation of Registere for filing.	ed Agent for a Lim	ited Liability Company and fee are submitted
Please return all correspondence conce	erning this matter	to the following:
Tiffany Roth		
Name of Person		
National Corporate Research, Ltd.		
Name of Firm/Compa	any	<u> </u>
615 S. Dupont Hwy		
Address		·····
Dover, DE 19901		
City/State and Zip.Co	ode	
E-mail address: (to be used for future ann	nual report notificatio	n)
For further information concerning this	s matter, please ca	ill:
Tiffany Roth	866	_\ 621-3524
Name of Person	at (Area C	ode Daytime Telephone Number

MAILING ADDRESS:

liability company.

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 Statutes, the un	idersigned,
National Corporate Research, Ltd.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for _	CABOT TRAFALGAR/AVION 10 LLC	
	Name of Limited Liability Company	,
M05000006520		
Document ?	Number, if known	
	tion was mailed to the above listed limited liabil	
	Signature of Resigning Age:	30 R
If signing on behalf of	an entity:	# .
	Florence Splezhausen	
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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