MOGOCOCI257

(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:
·



300259794093

05/07/14--01005--016 **440.00

SECSEJARY DE STATE TALLUTURANTE TORIDA

Office Use Only

LLC RA Resign

MAY 12 2014 T. CARTER

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: CABOT EAST BROV	VARD ACQUISITION LLC ited Liability Company
DOCUMENT NUMBER:	M06000001257
The enclosed Resignation of Registered Agent for filing.	or a Limited Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the following:
Tiffany Roth Name of Person	
National Corporate Research, Ltd	
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	notification)
For further information concerning this matter, p	please call:
Tiffany Roth at Name of Person	(866) 621-3524 Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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 of	of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
	Corporate Research, Ltd. , hereby resigns as ume of Registered Agent	IV, MAN	SECRE
Registered Agent for	CABOT EAST BROWARD ACQUISITION LLC	'-7	_ 689=
		끟	
	Name of Limited Liability Company	2: 45	STATE
M0600001257			<u>ک</u>
Document Number	er, if known		
	was mailed to the above listed limited liability company at its last kn and the office discontinued on the 31st day after the date on which this		
_	Signature of Resigning Agent		
If signing on behalf of an er	ntity:		
	Andrew Lundgren		
	Typed or Printed Name		
	V.P., National Corporate Research, Ltd.		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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