

M06 00000 1356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT☐ MAIL

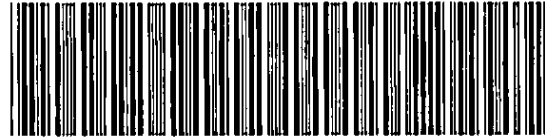
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306536665

12/15/17--01016--001 **542.50

0000

17 DEC 15 PM 3:25

AT THE COURT OF THE LORDS OF THE KINGDOM OF GREAT BRITAIN

S. WARREN

DEC 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABOT EAST BROWARD 18 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M06000001350

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:

Amanda Archambault

Name of Person

COGENCY GLOBAL INC.

Name of Firm/Company

850 New Burton Rd Suite 200

Address

Dover, DE 19904

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Archambault

at (866) 621-3524 ext. 3041

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

COGENCY GLOBAL INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for CABOT EAST BROWARD 18 LLC

Name of Limited Liability Company

M06000001350

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:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

FILED
17 DEC 19 PM 3:25
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