M0600000 7166

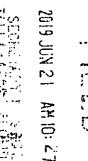
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naπ	ne)
(Dc	ocument Number)	
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COVER LETTER

TO: Registration Division of	Section Corporations	•	
SUBJECT:	1ABOT OAK	GROVE	3, LLC
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	;;
STEFA	Name of Person)	1704	-
	(Firm/Company)		-
167 E	SSEXRD		_
	(Address)		
ST. CLAIR	City/State and Zip Coc	ARIO CANA	DA N8N2K5
For further informati	on concerning this matter, p	lease call:	
STEFAN	ER. MIKITC	H at (579	735-5499
(No	ime of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		tration Section on of Corporations 30x 6327	
Enclosed is a check	for the following amount:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CABOT OAK GROVE 3 LLC (Name of limited liability company)		
(Name of limited liability company)		
DELAWARE		
(Jurisdiction of its organization)		
(Date registered with Florida Department of State)		
(Date registered with Florida Department of State)		
M06000007166		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of States.	(optional) (optional) (filing or 2) requirement	ds.
Stafane R. Mihitel) (Signature of authorized representative)		
STEFANE R. MIKITCH		
(Typed or printed name of signee)		

Filing Fee: \$25.00