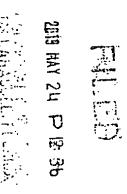
M0600000 7169

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	CABOT O		
	(Name of Fo	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
		-	
Please return all corr	espondence concerning this	matter to the following	:
JOHN	W WAT	.T	
	(Name of Person)		
	(Firm/Company)		
	(Pirm/Company)		
4716	(Address) (Address) (City/Staff and Zin Cod	OVE DR N	lw)
	(Address)		
GIG HA	ARBOR WA	98332	
	(City/State and Zip Coo	de)	
For further informati	on concerning this matter, p	olease call:	
JOHN	WATT	au 253	225 1748
(N	ame of Person)	(Area Code &) 225 1748 Daytime Telephone Number)
STREET/COURIER ADDRESS:		MAHLING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Execu	tive Center Circle , Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Fifing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CABOT OAK GROVE 6 LLC (Name of limited liability company)			
(Name of limited liability company)	<u> </u>		
FLORIDA - DESCRIPTION (Jurisdiction of its organization)			
(Date registered with Florida Department of State)			
# 06 0000 7169 (Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in	n this state		
Effective Date, if other than the date of filing:		option	al)
(If an effective date is listed, the date must be specific and cannot be prior more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statute this date will not be listed as the document's effective date on the Departr	to date of ory filing r	filing equirer	or nents.
(Signature of authorized representative)			
JOHN W WATT	<u> </u>	281	
(Typed or printed name of signee)	名をおります。	IBIS HAY 24	Andread and the second
		भ्रह्म स्थ	i d

Filing Fee: \$25.00