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COVER LETTER

	001	DK EET TEK
то:	Registration Section Division of Corporations	
SUBJE	CCT: <u>Cabot Oak Gvove</u> (Name of Foreign	2 25 22 C Limited Liability Company)
Dear S	ir or Madam:	
The en	closed withdrawal and fee(s) are submitted fo	r filing.
Please	return all correspondence concerning this mat	ter to the following:
EL	Freda L Lockhart (Name of Person)	
	(Firm/Company)	
_/8	21 Fleming Rd (Addiess)	
Lou	(City/State and Zip Code)	
For furt	ther information concerning this matter, please	e call:
EIF	(Name of Person)	at (502) 883-0097 (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

☐ \$55 Filing Fee & Certified Copy □ \$60 Filing Fee, Certificate of Status &

Enclosed is a check for the following amount:

☐ \$30 Filing Fee & Certificate of Status

\$25 Filing Fee



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cabot Cak Grove 25 LLC (Name of limited liability company)				
(Name of limited liability company)				
(Invincion of its assessment as)				
(Jurisdiction of its organization)				
13/27/2006 (Date registered with Florida Department of State)				
(Date registered with Florida Department of State)				
M 06 00 00 07177 (Florida Document Number)				
(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:	optional)			
Effective Date, if other than the date of filing:(o (If an effective date is listed, the date must be specific and cannot be prior to date of f more than 90 days after filing.)	filing or			
Note: If the date inserted in this block does not meet the applicable statutory filing re-	quirements,			
this date will not be listed as the document's effective date on the Department of State's records.				
Elfreda L Lockhart (Signature of authorized representative)				
(Signature of authorized representative)				
Elfreda L Lockhart (Typed or printed name of signee)				
(Typed or printed name of signee)				