

M06 00000 7186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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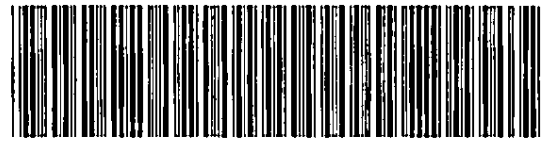
(Business Entity Name)

(Document Number)

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MAR 23 2019  
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SECTION 607.011  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cabot Oak Grove 15 LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blayde W Hamilton

\_\_\_\_\_  
(Name of Person)

Ralph W. Hamilton & Sons Company Inc.

\_\_\_\_\_  
(Firm/Company)

6523 W. 13400 SO.

\_\_\_\_\_  
(Address)

RIVERTON, UT 84096

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Blayde W. Hamilton

801 573-0509  
at ( )

\_\_\_\_\_  
(Name 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

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 15 LLC

\_\_\_\_\_  
(Name of limited liability company)

DOVER, DE 19901

\_\_\_\_\_  
(Jurisdiction of its organization)

DECEMBER 27, 2006

\_\_\_\_\_  
(Date registered with Florida Department of State)

M06000007186

\_\_\_\_\_  
(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: 8 MARCH 2019 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
\_\_\_\_\_  
(Signature of authorized representative)

BLAYDE W. HAMILTON                      PRESIDENT

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
19 MAR 14 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA