M070000000256

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	» #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400259794164

05/07/14--01005--016 **440.00

SECNOLY LA LA SECNOLY SECUNDATION OF STATE

UC RARISIGN

NAY 12 2014 T. CARTER



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CABOT GOL	LF CL-PP LEASECO LLC f Limited Liability Company
	• 1 /
DOCUMENT NUMBER:	M07000000256
The enclosed Resignation of Registered Ag for filing.	gent for a Limited Liability Company and fee are submitted
Please return all correspondence concernin	g this matter to the following:
Tiffany Roth Name of Person	
Name of Person	
National Corporate Research	n, Ltd.
Name of Firm/Company	
615 S Dupont Hwy	
Address	
Dover, DE 19901	
City/State and Zip Code	
statren@nationalcorp.co.	m
Statrep@nationalcorp.col E-mail address: (to be used for future annual a	report notification)
For further information concerning this ma	tter, please call:
Tiffany Roth	at (866) 621-3524 Area Code & Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,			
National Corporate Research, Ltd. , hereby resigns as Name of Registered Agent			
Registered Agent for	CABOT GOLF CL-PP LEASECO LLC	7	13.13.13.13.13.13.13.13.13.13.13.13.13.1
	Name of Limited Liability Company	00 ö	SIAIS MOISS:
M070000	000256		
Document Numl	per, 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 a	and the office discontinued on the 31st day after the date on which this sta	tement is f	iled.
-	A , lulyw Signafure of Resigning Agent		
If signing on behalf of an e	entity:		
	Andrew Lundgren		
_	Typed or Printed Name		
	V.P., National Corporate Research, Ltd.		

Capacity

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