

10700000 0256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

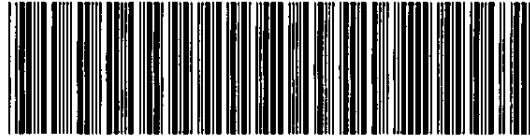
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABOT GOLF CL-PP LEASECO LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M07000000256

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth A. Straub

Name of Person

National Corporate Research, Ltd., Inc.

Name of Firm/Company

850 New Burton Road, Suite 201

Address

Dover, DE 19904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Straub

Name of Person

at

866

Area Code

621-3524

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

\$25

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

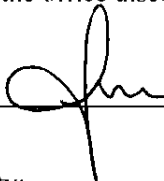
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
National Corporate Research, Ltd., Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
CABOT GOLF CL-PP LEASECO LLC
Name of Limited Liability Company

M07000000256
Document Number, 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 and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Florence Spelzhausen

Typed or Printed Name
Assistant Secretary

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

FILED
JAN 16 2009
9:05 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE