

M070000002483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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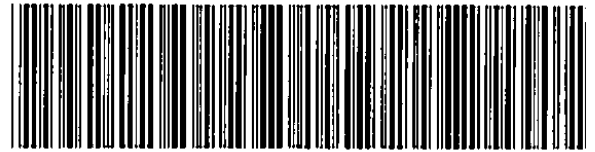
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: CABOT GOLF CL-PP 7 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M07000002483

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:

Sierra Hinkle

Name of Person

First Corporate Solutions

Name of Firm/Company

914 S Street

Address

Sacramento, CA 95811

City/State and Zip Code

sierra.hinkle@ficoso.com

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

For further information concerning this matter, please call:

Sierra Hinkle

Name of Person

at (800) 4061577 ext. 8954
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent for CABOT GOLF CL-PP 7 LLC

Name of Limited Liability Company

M07000002483

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

/s/Angelina Hinojoza

Signature of Resigning Agent

If signing on behalf of an entity:

Angelina Hinojoza

Typed or Printed Name

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