M070000024912

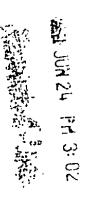
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| Division of Corporations | |
|--|---|
| | |
| CABOT GOLF CL-PP 14 LLC | |
| | Liability Company |
| DOCUMENT NUMBER: M07000002492 | |
| The enclosed Resignation of Registered Agent for a for filing. | Limited Liability Company and fee are submitted |
| Please return all correspondence concerning this ma | ntter 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 noti | fication) |
| For further information concerning this matter, plea | se call: |
| Sierra Hinkle 80 | 00 4061577 ext. 8954 |
| | rea Code Daytime Telephone Number |
| Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company. | partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limit |
| MAILING ADDRESS: | STREET ADDRESS: |
| Registration Section | Registration Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ions of section 605.0115, Florida Statutes, the u | indersigned, | JUN 24 |
|-------------------------------|---|------------------------------|------------------------|
| First Corporate Solutions Inc | | , hereby resigns as | 量 |
| | Name of Registered Agent | Hereby resigns as | 2 |
| Registered Agent for | CABOT GOLF CL-PP 14 LLC | | |
| g | | | T co |
| | Name of Limited Liability Company | | |
| M07000002492 | | | |
| Document l | Number, if known | | |
| A copy of this resigna | tion was mailed to the above listed limited liabi | ility company at its last ki | nown address. |
| The agency is termina | ted and the office discontinued on the 31st day | after the date on which th | nis statement is filed |
| | /s/Angelina Hinojoza | | |
| | Signature of Resigning Ag | ent | |
| 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