7/31/2013 10:20 Fran: To 26383 DDDDD289.1 Division of rations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

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LLC DISSOLUTION OR WITHDRAWAL CABOT III-FL2W16, LLC

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7/31/2013

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7/31/2013 10:20:42 From: To: 8506176383

COVER LETTER

TO: Registration Section Division of Corporations

CABOT III-FL2W16, LLC

SUBJECT:

1

(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:

Patrick Mullaney

(Name of Person)

Cabot Properties

(Firm/Company)

One Beacon Street Suite 1700

(Address)

Boston, MA 02108

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Mullancy		617	723-7400	
(Name of Person)		at () (Arca 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	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

(2/3)

7/31/2013 10:20:42 From: To: 8506176383

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CABOT III-FL2W16, LLC

(Name of limited liability company)

Dolaware

(Jurisdiction of its organization)

M12000002897

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

One Beacon Street Suite 1700

(Mailing address)

Boston, MA 02108

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

(Typed or printed name of signee)

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Filing Fee: \$25.00

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