

A1000000364

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PANAMA COMMONS, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A10000000364

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amanda Archambault

Contact Person

COGENCY GLOBAL INC.

Firm/Company

850 New Burton Rd, Suite 201

Address

Dover, DE 19904

City, State and Zip Code

aarchambault@cogencyglobal.com

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

For further information concerning this matter, please call:

Amanda Archambault

Name of Contact Person

at ( 866 ) 621-3524 ext. 3041

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

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**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

COGENCY GLOBAL INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for PANAMA COMMONS, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

A10000000364

Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

A. Archambault

Signature of Registered Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA