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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	,
SUBJECT: PLANTA COCOWAL	
Name of Limited Partner	rship or Limited Liability Limited Partnership
DOCUMENT NUMBER: B1900000	00020
The enclosed Resignation of Registered A	Agent and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Agent Resignation Filings Contact Person	<u>Team</u>
Capitol Corporate Service	es, Inc.
Firm/Company	
PO Box 1831	
Address	
Austin, TX 78767	
City, State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this m	natter, please call:
Agent Resignation Filings Team Name of Contact Person	at ( <u>800</u> ) <u>345-4647</u> Area Code and Daytime Telephone Number
Enclosed is a check made payable to the H	Florida Department of State for:
\$87.50 Filing Fee \$140.00	(\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations The Centre of Tallahassee	Division of Corporations
2415 N. Monroe Street, Suite 810	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32303	

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,	
Capitol Corporate Services, Inc. hereby resigns as	
Name of Registered Agent	
Registered Agent for PLANTA COCOWALK LP  Name of Limited Partnership or Limited Liability Limited Partnership	_,1
B1900000020	
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.  Signature of Registered Agent  If signing on behalf of an entity:	
Jason Fischer	
Typed or Printed Name	
Assistant Secretary	
Capacity	

\$87.50

Filing Fee:

Certified Copy (optional): \$52.50