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EXAMINER

COVER LETTER

SUBJECT: COGES	ST, L.L.C.		
Name of Limited	d Liability Company		
DOCUMENT NUMBER: L	.08000049027		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are	submitte	ed
Please return all correspondence concerning this m	natter to the following:		
Jess Hunt Name of Person			
Incorp Services, Inc. Name of Firm/Company		2	
2360 Corporate Circle, Suite 400 Address	A-0 	91 AON 1102	a- 4,/1 2 exit.s
Henderson, NV 89074-7722 City/State and Zip Code	ASSEE, FLORIDA	ζ -	
processing@incorp.com E-mail address: (to be used for future annual report not	ification)		
Jess Hunt for Incorp Services, Inc. at (702) 866-2500 ext. 6262 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2) or 60	08.509, Florida Statutes, tl	he undersigned,		
	Incorp Services, Inc.	, here	eby resigns as		
	Name of Registered Agent	,	, ,		
Registered Agent for		COGEST, L.L.C.			
	Name of Limited Liab	oility Company			
L08000	0049027				
Document No	amber, if known				
A copy of this resignation	on was mailed to the above lis	sted limited liability comp	oany at its last known	address.	
The agency is terminate	d and the office discontinued	on the 31st day after the o	date on which this sta	atement is filed	1.
	Incorp Sarvices J	ne. By Jenne 10 tre of Resigning Agent	Sedlacek		
If signing on behalf of a	n entity:				
	Tennie	Sedlacek			
	Typed or F	Printed Name		₹	
	C.	0.0.			
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				ZDII NOV 16 ANION SECRETARY OF STAN	
	FILING FEES:		ŗ	F STA	France :
	\$ 85.00 Activ \$ 25.00 Admi with	ve limited liability compainistratively dissolved/vo drawn limited liability co	ny oluntarily dissolved ompany	9 5 7	**************************************

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314