

LD8 000049027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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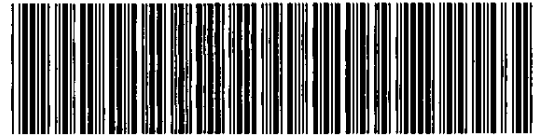
(Business Entity Name)

(Document Number)

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T. CLINE

NOV 17 2011

EXAMINER



# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Incorp Services, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for COGEST, L.L.C.  
Name of Limited Liability Company

L08000049027  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Tennec Services, Inc. By Jennie Sedlacek  
Signature of Resigning Agent

If signing on behalf of an entity:

Tennie Sedlacek  
Typed or Printed Name  
C.O.O.  
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withdrawn limited liability company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

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