

LD8 000049027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

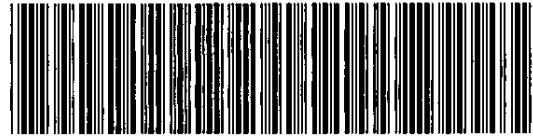
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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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.

Name of Registered Agent

, hereby resigns as

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.

Incorp 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withdrawn limited liability company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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