Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000114808 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT RESIGNATION CODINA FAMILY HOLDINGS II, LTD.

Certificate of Status	16-	0
Certified Copy	*	0
Page Count		03
Estimated Charge		\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations	*	
SUBJECT: CODINA FAMIL	Y HOLDINGS II, LTD.	
Name of Limited Partnership o	r Limited Liability Limited Partnership	
DOCUMENT NUMBER: A000000017	4	
The enclosed Resignation of Registered Agent	and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to:	
KOLLEEN O, P. COBB		
Contact Person		
FLORIDA EAST COAST INDUSTRIES	S LLC	
Firm/Company		
2855 LE JEUNE ROAD., 4TH FL	<i>O</i>	
Address	三三	
	75 A 2	
CORAL GABLES, FL 33134	SET 7 E	
City, State and Zip Code		
	<u> </u>	
KOLLEEN.COBB@FECI.COM	<u> </u>	
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter,	please call:	
BRENDA JOHNSON at	5202344	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the Florida	Department of State for:	
\$87.50 Filing Fee \$140.00 (\$87.50	Filing Fcc and \$52.50 Certified Copy Fcc)	
REET ADDRESS: MAILING ADDRESS:		
mendment Section Amendment Section		
Division of Corporations		
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	

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

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the undersigned,
	KOLLEEN O. P. COBB , hereby resigns as
	Name of Registered Agent
Registered Agent for	CODINA FAMILY HOLDINGS II, LTD. Name of Limited Partnership or Limited Liability Limited Partnership
A0000	00000174
	Number, if known
_	Signature of Registered Agent
lf si suiu a su babalf	
If signing on behalf	·
_	KOLLEEN O.P. COBB
	Typed or Printed Name
	REGISTERED AGENT
	Capacity 3

\$87.50

Certified Copy (optional): \$52.50