

6/14/2018

M16000004445

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H18000178410 3)))



H180001784103ABC/

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)617-6383

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: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WPB ROSEMARY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

98

RECEIVED

2018 JUN 15 PM 12:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

2018 JUN 15 PM 2:25

11:15:10

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA

JUN 18 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WPB Rosemary LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kolleen Cobb  
Name of Person

Florida East Coast Industries, LLC  
Firm/Company

117 NE 1st Avenue, 11th Floor  
Address

Miami, FL 33132  
City/State and Zip Code

Kolleen.Cobb@feci.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianna Hernandez at (305) 520-2427  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: WPB Rosemary LLC

Enter new principal office address, if applicable: 117 NE 1st Avenue, 11th Floor

Miami, FL 33132  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

117 NE 1st Avenue, 11th Floor  
Miami, FL 33132  
*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M16000004445

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/03/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

Florida

City

Zip Code

2018 JUN 15 PM 2:25  
REC'D  
ASSISTANT  
SECRETARY

LLC

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO, VP	Enderby, Heather	2855 LE Jeune Road, 4th Floor	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
CFO, VP	Swiatek, Jeffrey C.	161 NW 6th Street, Suite 900	<input checked="" type="checkbox"/> Add
		Miami, FL 33136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 JUN 15 PM 2:55  
 2018  
 CLERK OF STATE  
 OF FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
 Signature of the authorized representative

**Kolleen Cobb, Vice President**

\_\_\_\_\_  
 Typed or printed name of signer

Filing Fee: \$25.00

850-617-6381

6/15/2018 9:28:48 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2018

WPB ROSEMARY LLC  
2855 LE JEUNE RD 4TH FLOOR  
CORAL SPRINGS, FL 33134

SUBJECT: WPB ROSEMARY LLC  
REF: M16000004445

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000178410  
Letter Number: 918A00012483

46

RECEIVED

2018 JUN 15 PM 12:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE

P.O. BOX 6327 - Tallahassee, Florida 32314