

From:
4/26/2017

04/26/2017 16:3 #678 P.001/003



Florida Department of State
Division of Corporations
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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.****

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**REGISTERED AGENT RESIGNATION
CM LEJEUNE, LLLP, LTD.**

Certificate of Status	0
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Page Count	03
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APR 27 2017

S. YOUNG

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From:

04/26/2017 16:36

#678 P.002/003

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CM LEJEUNE, LLLP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B05000000300

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KOLLEEN O. P. COBB

Contact Person

FLORIDA EAST COAST INDUSTRIES LLC

Firm/Company

2855 LE JEUNE ROAD., 4TH FL

Address

CORAL GABLES, FL 33134

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:

BRENDA JOHNSON

Name of Contact Person

at (305)

5202344

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 Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

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

MAILING ADDRESS:

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

INHS16 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 26 AM 9:56

From:

04/26/2017 16:37

#678 P.003/003

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

KOLLEEN O. P. COBB

Name of Registered Agent

, hereby resigns as


Registered Agent for CM LEJEUNE, LLLP, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

B05000000300

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

KOLLEEN O.P. COBB

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 26 AM 9:56

Filing Fee: \$87.50
Certified Copy (optional): \$52.50