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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

: (305)520-2400 Fax Number

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 COSMA WBP ONE, LTD.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations	<u>Lis</u>	
SUBJECT: COSM	IA WBP ONE, LTD.	
	ip or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A01000000	886	
The enclosed Resignation of Registered Ag	ent and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
KOLLEEN COBB		
Contact Person		
FLORIDA EAST COAST INDUSTR	RIES LLC	
Firm/Company		
2855 LE JEUNE ROAD., 4TH	1FL	
Address		
CORAL GABLES, FL 3313	4 ्ये:	
City, State and Zip Code		
KOLLEEN.COBB@FECI.CO	DM	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter	er, please call:	
BRENDA JOHNSON	at (305) 5202344	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the Flo	rida Department of State for:	
\$87.50 Filing Fee \$140.00 (\$8	7.50 Filing Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations Clifton Building	Division of Corporations	
2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	· ····· , _ · = ·	

Filing Fee:

Certified Copy (optional): \$52.50

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

Pursuant to the provisions of se	ection 620.1116, Florida Stat	tutes, the undersigned,			
KOL	LEEN COBB	, hereby resigns as	hereby resigns as		
Name of I	Registered Agent	, , , , , , , , , , , , , , , , ,			
Registered Agent forName of	COSMA WBP C	ONE, LTD.			
A010000088	36 ⁴				
Florida Document Number,		•			
The agent is terminated on the Florida Department of St. Lif signing on behalf of an en	Signature of Registered	Agent	by		
	KOLLEEN COBE	3			
	Typed or Printed Nat	······································			
	REGISTERED AGE	ENT	- 5		
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\$87.50

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COVER LETTER

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Division of Corporations	
SUBJECT:C	ONDINA HOLDINGS II, LTD.
Name of Limit	ed Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A01	000001214
The enclosed Resignation of Regi	stered Agent and fee(s) are submitted for filing.
Please return all correspondence of	oncerning this matter to:
KOLLEEN C	OBB
Contact Pers	
FLORIDA EAST COAST	
Firm/Compa	ny
2855 LE JEUNE RO	AD., 4TH FL
Address	
CORAL GABLES,	FL 33134
City, State and Zi	ip Code
VOLUEEN OODDO	ACTOL COLL
KOLLEEN.COBB@ E-mail address: (to be used for futu	re annual report notification)
For further information concerning	g this matter, please call:
BRENDA JOHNSON	at (305) 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)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Fallahassee, FL 32301	Tallahassec, FL 32314