

From:
4/28/2017

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04/28/2017 17:51
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.****

Email Address: _____

REGISTERED AGENT RESIGNATION
COSMA WBP THREE, LTD.

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

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S Warren

APR 28 2017

From:

04/26/2017 17:52

#694 P.002/003

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COSMA WBP THREE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000982

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

Please return all correspondence concerning this matter to:

KOLLEEN 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

From:

04/26/2017 17:52

#694 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 COBB

Name of Registered Agent

, hereby resigns as

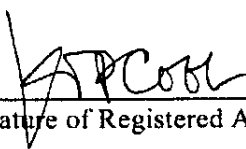
Registered Agent for COSMA WBP THREE, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A01000000982

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 COBB

Typed or Printed Name

REGISTERED AGENT

Capacity

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

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