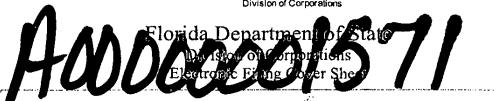
Division of Corporations



te: 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.

(((H17000114806 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 annual report mailings. Enter only one email address pleas

Email Address:_

REGISTERED AGENT RESIGNATION CODINA CYBERPORT, LTD.

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

Electronic Filing Menu Corporate Filing Menu

Help

D. BRUCE APR 28 2017

COVER LETTER

* •	
TO: Amendment Section Division of Corporations	
	CYBERPORT, LTD. or Limited Liability Limited Partnership
DOCUMENT NUMBER: A000000157	<u>'1 </u>
The enclosed Resignation of Registered Agent	and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
KOLLEEN O. P. COBB Contact Person	· · · · · · · · · · · · · · · · · · ·
Contact reison	
FLORIDA EAST COAST INDUSTRIE	suc
Firm/Company	CRETARY O
. ,	A
2855 LE JEUNE ROAD., 4TH F	L MA
Address	—————————————————————————————————————
	ES =
CORAL GABLES, FL 33134	A III O
City, State and Zip Code	
ony, oute and map coul	<i>;</i>
KOLLEEN.COBB@FECI.COM	
E-mail address: (to be used for future annual repor	1 notification)
For further information concerning 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 Florid	a Department of State for:
\$87.50 Filing Fee \$140.00 (\$87.5	0 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

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

Pursuant to the provisi	ions of section 620.11	16, Florida Statutes, the u	ndersigned,
Name of Registered Agent		, hereby resigns as	
		, notoby resigns as	
Registered Agent for	COD	INA CYBERPORT, LI	rd.
		tnership or Limited Liability	Limited Partnership
A0000	0001571		
Florida Document		·	
The agent is termina the Florida Department	ent of State.	offer the date on which the	is statement is filed by
	Signature	of Registered Agent	
If signing on behalf of	of an entity:	18:	ARY SEE
	KOLLE	EN O.P. COBB	¬¬¬ >
	Typed	or Printed Name	
REGISTERED AGENT			
		Capacity	

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