

From:
4/26/2017

04/26/2017 17:48 #692 P.001/003

Division of Corporations

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

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TALLAHASSEE, FLORIDA

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 TWO, LTD.

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

87.50

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: A01000000887

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 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 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

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 TALLAHASSEE, FLORIDA

**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, hereby resigns as
Name of Registered Agent

Registered Agent for COSMA WBP TWO, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

A01000000887
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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