4/26/2017



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 : (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.

REGISTERED AGENT RESIGNATION COSMA 2003, LTD.

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APR 2 8 2017

TO: Amendment Section

#700 P.002/003

COVER LETTER

Division of Corporations		
SUBJECT: COSMA 2003, LTD.		
Name of Limit	ed Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A02	2000001413	
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		
Contact Pers	on	
FLORIDA EAST COAST		
2855 LE JEUNE RO		
CORAL GABLES,		
City, State and Z	ip Code	
KOLLEEN.COBB@ E-mail address: (to be used for futu		
For further information concerning	g this matter, please call:	
BRENDA JOHNSON		
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	

From:

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

Pursuant to the provi	sions of section 620.1116, Florida Statutes, the unde	rsigned,
	KOLLEEN COBB	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	COSMA 2003, LTD. Name of Limited Partnership or Limited Liability Lin	nited Bastrarchin
		med i armeismp
	00001413	
Florida Documen	t Number, if known	
The agent is termin the Florida Departn	ated on the 31st day after the date on which this nent of State. Signature of Registered Agent	statement is filed by
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