

A03000000309

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H17000114813 3)))



H170001148133ABC-

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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

FILED
17 MAY 11 AM 7:05
SECRETARY OF STATE
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
CODINA MIC DEVELOPMENT, LTD.

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

87.50

Electronic Filing Menu

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M. MILLIGAN

MAY 11 2017

TX Result Report

P 1
 04/26/2017 17:42
 Serial No. A5C0011020040
 TC: 340459

Addressee	Start Time	Time	Prints	Result	Note
FL	04-26 17:41	00:00:44	003/003	OK	308

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 PPS:Page Separation ID, BKX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
 FUD:Forward, PCPC-FAX, SBD:Double-Sided Binding Direction, SP:Special Original,
 ECDE:IF-Code, RTX:Re-TX, RV:Relay, NBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
 IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: RX from TEL, NB: Other Error, CONT: Continuous, No Ans: No Answer,
 Refus: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
 POUH:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
 OSN:OSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

4/26/2017

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H170001148133A3C-

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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)520-2544
 Fax Number : (305)520-2400

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Email Address: _____

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April 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CODINA MIC DEVELOPMENT, LTD.
355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

SUBJECT: CODINA MIC DEVELOPMENT, LTD.
REF: A03000000309

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Fax cover sheet submitted is for a Corporation, but your entity is a LP.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000114813
Letter Number: 617A00008310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CODINA MIC DEVELOPMENT, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000000309

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

**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 CODINA MIC DEVELOPMENT, LTD.,
Name of Limited Partnership or Limited Liability Limited Partnership

A03000000309
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

FILED
17 MAY 11 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA