

4/26/2017

**A03000000309**  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: 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.**

(((H17000114813 3)))



H170001148133ABC-

**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

RECEIVED  
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

Corporate Filing Menu

Help

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 TX, BTK:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,  
 FUD:Forward, PC:PC-Fax, SBD:Double-Sided Binding Direction, SP:Special Original,  
 FCODE:IF-Code, RTX:Re-TX, RV:Reply, MEX: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,  
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOUR:Receiving length Over,  
 POUH:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,  
 OSH:OSH Response Error, PRINT:Compulsory Memory Document Print,  
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

4/26/2017

Division of Corporations

**Florida Department of State**  
 Division of Corporations  
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(((H17000114813 3)))



H170001148133A2C-

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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

Name of Registered Agent

, hereby resigns as

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 31<sup>st</sup> 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

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

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**