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 : 120020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

\*\*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 HOLDINGS (SAN REMO), LTD.

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

Electronic Filing Menu

Corporate Filing Menu

S Warren

APR 28 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: _	CODINA HOL	DINGS (SAN REM	иО), LTD.			
Name of Limited Partnership or Limited Liability Limited Partnership						
DOCUMENT	NUMBER: <u>A03000000</u>	787				
The enclosed F	Resignation of Registered Ag	ent and fee(s) are subn	nitted for filing.			
Please return a	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:						
BRI	ENDA JOHNSON	at (305) Area Code and Dayt	5202344			
Name of Co	ntact Person	Area Code and Dayt	ime 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 ADI		MAILING A				
Amendment So		Amendment Section Division of Corporations				
Division of Co		P. O. Box 632				
Clifton Buildin	ig e Center Circle	Tallahassee, I				
Tallahassee, Fl		· antiminated t				

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

Pursuant to the provis	ons of section 620.1116, Florida Statutes, the undersigned,				
KOLLEEN COBB , hereby resigns as					
	Name of Registered Agent				
Registered Agent for	CODINA HOLDINGS (SAN REMO), LTD.  Name of Limited Partnership or Limited Liability Limited Partnership				
A0300	0000787				
Florida Document	Number, if known				
The agent is termina the Florida Departm —	sted on the 31st day after the date on which this statement is filed by ent 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 APR 27 AM 11: 39 SECRETARS OF STATE SECRETARS EE. FLORIDA