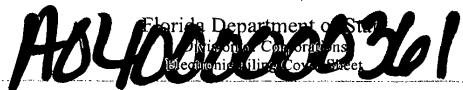
Division of Corporations



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Account Number : I20020000144 : (305)520-2344 Phone

Fax Number : (305)520-2400

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REGISTERED AGENT RESIGNATION . COSMA 2004, LTD.

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CQVE	ER LETTER		
TO: Amendment Section	· · · · · · · · · · · · · · · · · · ·		
Division of Corporations			
SUBJECT: CO	OSMA 20 <u>04,</u> LTD.		
Name of Limited Partner	rship or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A0400000)0361		
The enclosed Resignation of Registered A	agent and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to:		
KOLLEEN COBB			
Contact Person			
FLORIDA EAST COAST INDUST	TRIES LLC		
Firm/Company			
2855 LE JEUNE ROAD., 4T	TH FL		
Address		٠	
	SALL SEC		
CORAL GABLES, FL 331	134 💮 🔀 💌	"	
City, State and Zip Code	134 WAHASSE	-	
KOLLEEN.COBB@FECI.C	UIV) 1711 P	_	
E-mail address: (to be used for future annual	report notification)	-	
For further information concerning this ma	report notification)	-	
BRENDA JOHNSON	at (305) 5202344		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check made payable to the Fl	lorida Department of State for:		
✓ \$87.50 Filing Fee	\$87.50 Filing Fee and \$52.50 Certified Copy Fee)		
STREET ADDRESS:	MAILING ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Callabassee Fl 32301	• • •		

1,9

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

Pursuant to the provisio	ns of section 620.1116, Florida Statutes, the und	dersigned,
	KOLLEEN COBB	, hereby resigns as
N	ame of Registered Agent	
Registered Agent for	COSMA 2004, LTD.	,
	Name of Limited Partnership or Limited Liability L	imited Partnership
A04000	000361	
Florida Document N	umber, if known	
The agent is terminate the Florida Department	Signature of Registered Agent	s statement is filed by SECRETARY O
If signing on behalf of	f an entity:	
	KOLLEEN COBB	STATE OF
	Typed or Printed Name	5 th 3
	REGISTERED AGENT	· .
	Capacity	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50