

From: 4/26/2017 10:35:00 AM  
 Division of Corporations  
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**A0400000528**

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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

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**REGISTERED AGENT RESIGNATION  
 CODINA SAMPLE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
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K. SALY

APR 28 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CODINA SAMPLE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A04000000528

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KOLLEEN O. P. 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 O. P. COBB

Name of Registered Agent

, hereby resigns as

Registered Agent for

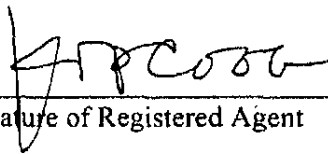
CODINA SAMPLE, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A04000000528

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 O.P. COBB

Typed or Printed Name

REGISTERED AGENT

Capacity

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**TALLAHASSEE, FLORIDA**

**Filing Fee: \$87.50**  
**Certified Copy (optional): \$52.50**