

A04000001514

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.

(((H17000114745 3)))



H170001147453ABC/

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

****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 RESIDENTIAL, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

87.50

M. MILLIGAN

MAY 11 2017

TX Result Report

P 1
04/26/2017 16:59
Serial No. A5C0011020040
TC: 340420

Addressee	Start Time	Time	Prints	Result	Note
FL	04-26 16:58	00:01:15	003/003	OK	278

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
DPS:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSAC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:FC-Code, RTX:RTX-TX, RLX:Relay, HX: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, NG: Other Error, CONT: Continue, No Ans: No Answer,
Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
POVR:Receiving page Over, FIC:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Division of Corporations

Page 1 of 2

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.

(((H17000114745 3)))



H170001147453ABC/

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 : 720020000144
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 RESIDENTIAL, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



April 27, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CODINA RESIDENTIAL, LTD.
10151 DEERWOOD PARK BLVD.
BLDG. 100, SUITE 360
JACKSONVILLE, FL 32256

SUBJECT: CODINA RESIDENTIAL, LTD.
REF: A04000001514

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000114745
Letter Number: 317A00008242

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: A04000001514

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 at (305) 5202344
Name of Contact Person 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 RESIDENTIAL, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

A04000001514

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 O.P. 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