

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

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

\*\*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. ASC0011020040  
 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, PDL:Polling, DRG:Original Size Setting, FME:Frame Erase TX,  
 DBS: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:Code, RTX:Re-TX, RL: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,  
 POWR:Receiving page Over, FLC:File Error, DC:Decode Error, MDR:MDN Response Error,  
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,  
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

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 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : ELAGLER DEVELOPMENT GROUP, LLC  
 Account Number : T20020000144  
 Phone : (305)520-2344  
 Fax Number : (305)520-2400

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REGISTERED AGENT RESIGNATION  
 CODINA RESIDENTIAL, LTD.

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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

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, hereby resigns as  
Name of Registered Agent

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 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

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

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