

From:  
4/26/2017

04/26/2017 16:55 #680 P.001/003

Division of Corporations

**A050000003**  
Florida Department of State  
Division of Corporations  
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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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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**REGISTERED AGENT RESIGNATION  
C/CM LEJEUNE, LTD.**

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

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D. SCOTT

APR 27 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C/CM LEJEUNE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000000883

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

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TALLAHASSEE, FLORIDA

**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

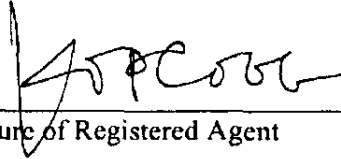
C/CM LEJEUNE, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A05000000883

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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