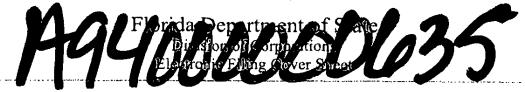
Division of Corporations



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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

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address:

## REGISTERED AGENT RESIGNATION CODINA FAMILY INVESTMENTS, LTD.

Certificate of Status	0
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Page Count	03
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APR 28 2017

## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CODINA FAMILY INVESTMENTS, LTD.	
Name of Limited Partnership or Limited Liability Limited Partnership	_
DOCUMENT NUMBER: A9400000635	_
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 ≥ R	
City, State and Zip Code	i
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 620.1	116, Florida Statutes, the	undersigned,				
KOLL	, hereby resigns as						
Nair	e of Registered Ag	gent	, , , , , , , , , , , , , , , , , , , ,				
Registered Agent for		FAMILY INVESTMEN					
Na	Name of Limited Partnership or Limited Liability Limited Partnership						
A940000	00635						
Florida Document Nun		<del></del> *					
the Florida Department	Signature	of Registered Agent		į			
If signing on behalf of a	n entity:	- <u>M</u> -		l			
	KOLLEEN O.P. COBB		APR 21 KETARY AHASSE	•			
<del></del>	Typed or Printed Name		APR 21 / AHASSEE.	Į.			
	REGIS	STERED AGENT		)			
Capacity			OR OR				

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50