4/26/2017

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344

: (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 FLAGLER DEVELOPMENT GROUP, INC.

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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FLAGLER DEVELOPMENT GROUP, INC.
(Name of Corporation)
DOCUMENT NUMBER: J66907
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KOLLEEN COBB ESQ
(Name of Person)
FLORIDA EAST COAST INDUSTRIES, LLC
(Name of Firm/Company)
2855 LE JEUNE ROAD., 4TH FL
(Address)
CORAL GABLES, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
•
BRENDA JOHNSON at (305) 5202427 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

#677 P.003/003

FILED

SECRETARY OF STATE
DIVISION OF CORPORATION!

:2017 APR 26 AM 10: 41

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, KOLLEEN COBB ESQ	
(Name of Registered Agent)	
hereby resigns as Registered Agent for FLAGLER DEVELOPMENT GROUP, INC.	
(Name of Corporation)	
J66907	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known added	ress.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)	:h
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
KOLLEEN COBB ESQ	
(Typed or Printed Name)	
REGISTERED AGENT	
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314