

From: 4/26/2017

04/26/2017 10:34

#6 2 P.007 003

Division of Corporations

L03000001743

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.

((H17000114094 3)))



H170001140943ABC

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)617-6383

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: \_\_\_\_\_

RECEIVED  
2017 APR 26 AM 10:40  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION  
MIC DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 APR 26 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIC DEVELOPMENT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L03000001743

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KOLLEEN O.P. 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

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 ) 5202427  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

From:

04/26/2017 10:37

#652 P.003/003

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**KOLLEEN O.P. COBB ESQ**

, hereby resigns as

Name of Registered Agent

Registered Agent for **MIC DEVELOPMENT, LLC**

Name of Limited Liability Company

**L03000001743**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

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

If signing on behalf of an entity:

**KOLLEEN O.P. COBB ESQ**

Typed or Printed Name

**REGISTERED AGENT**

Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

2017 APR 26 AM 10:31  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA