

From:

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : 120020000144
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: _____

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17 JUN -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
BN EXPANSION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BN EXPANSION, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L0500025181

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 COBB
Name of Person

FLORIDA EAST COAST INDUSTRIES, LLC
Name of Firm/Company

2855 LE JEUNE ROAD., 4TH FL
Address

CORAL GABLES, FL 3314
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

KOLLEEN COBB, OESQ

, hereby resigns as

Name of Registered Agent

Registered Agent for **BN EXPANSION, LLC**

Name of Limited Liability Company

L05000025181

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

FILED
17 JAN - 2 11 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

KOLLEEN COBB

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