

From:

06/02/2017 12:12 #728 P.001/003

L05000032716

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

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2017 JUN -2 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
C/BEACON COUNTYLINE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2017 JUN -2 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

JUN -5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C/BEACON COUNTYLINE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000032716

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

Name of Person

at (305) 5202427

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

06/02/2017 12:50

#728 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 COBB

, hereby resigns as

Name of Registered Agent

Registered Agent for **C/BEACON COUNTYLINE, LLC**

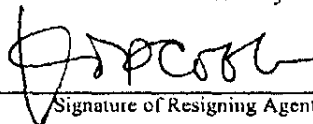
Name of Limited Liability Company

~~L0500032716~~ **L05000032716**

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 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

FILED
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