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.

(((H170001140373)))



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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:	

## LLC REGISTERED AGENT RESIGNATION ATLAS PROPERTY III, LLC

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

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Help

D. SCOTT APR 2 7 2017 TO: Registration Section

### **COVER LETTER**

SUBJECT: Name of Limited Liabili	y Company
DOCUMENT NUMBER: L06000040810	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
KOLLEEN COBB	
Name of Person	<del></del>
FLORIDA EAST COAST INDUSTRIES, LLC	
Name of Firm/Company	_
2855 LE JEUNE ROAD., 4TH FL	f
Address	<del>-</del>
CORAL GABLES, FL 3314	
City/State and Zip Code	
KOLLEEN.COBB@FECI.COM	The second secon
E-mail address: (to be used for future annual report notification)	- Fig. 78
For further information concerning this matter, please call:	
BRENDA JOHNSON 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115	, Florida Statutes, the unde	rsigned,
KOLLEEN COBB, OESQ	*	, hereby resigns as
Name of Registered Agent		, 10 , 100 ig.iz az
Registered Agent for ATLAS PROPERTY	NI, LLC	
Name of Limit	ed Liability Company	1
L06000040810		
Document Number, if known	<del>arthus become</del>	
A copy of this resignation was mailed to the ab	ove listed limited liability	company at its last known address.
V	tinued on the 31st day after  Signature of Resigning Agent	r the date on which this statement is filed.
If signing on behalf of an entity:		
KOLLEEN COBB		
REGISTERED AC	ped or Printed Name (	
	Capacity	FI FI
FILING E \$ 85.00 \$ 25.00	EES: Active limited liability of Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s

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

INH\$17 (2/14)