

From:

06/02/2017 12:51

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L06000046731

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: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
FLAGLER BOCA 54, LLC

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

FILED  
17 JUN -2 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 JUN -2 PM 1:20  
TALLAHASSEE, FLORIDA

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From:

06/02/2017 12:51 #729 P.002/003

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLAGLER BOCA 54, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000046731

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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**

, hereby resigns as

Name of Registered Agent

Registered Agent for **FLAGLER BOCA 54, LLC**

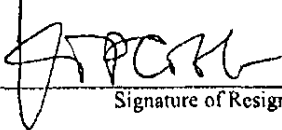
Name of Limited Liability Company

**L06000046731**

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

FILED  
 JAN - 2 2017  
 TALLAHASSEE, FLORIDA  
 DEPARTMENT OF STATE

### **FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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**