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(((H17000114007 3)))



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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 n

Fax Number

: (305)520-2400

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email	Address:			

LLC REGISTERED AGENT RESIGNATION FLAGLER SOUTHCOM, LLC

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K. SALY

APR 27 2017

From:

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: FLAGLER SOUTHCOM, LLC Name of Limite	d Liability Cor	mpany						
DOCUMENT NUMBER: L06000099263	u Liability Col	npany						
	<u> </u>							
The enclosed Resignation of Registered Agent for filing.	a Limited Lia	ibility Company and fee are submitted						
Please return all correspondence concerning this in	natter to the fo	ollowing:						
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 no	ification)							
For further information concerning this matter, ple	ase call:							
at ()	02427						
Name of Person	rea Code Da	sytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:	•	ADDRESS:						
Registration Section	Registration							
Division of Corporations		Corporations						
P.O. Box 6327 Tallahassee, FL 32314	Clifton Bui	iding itive Center Circle						
1 anana5500, 1 L 52517	Tallahasse							

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 und	lersigned,
KOLLEEN O.P. COBB ESQ	, hereby resigns as
Name of Registered Agent	是 第二
Registered Agent for FLAGLER SOUTHCOM, LLC	, hereby resigns as LCRETARY
Name of Limited Liability Company	Fig. 3.
L06000099263	RIDA
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	y company at its last known address.
The agency is terminated and the office discontinued on the 31st day aft Signature of Resigning Agent	
If signing on behalf of an entity:	
KOLLEEN O.P. COBB ESQ	
Typed or Printed Name REGISTERED AGENT	
Capacity	

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

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi

Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company