

From:  
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#655 P.001/003

Division of Corporations

**L07001141443**

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 : 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.\*\*

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2017 APR 26 AM 11:16  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
CM LEJEUNE, LLC**

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

2017 APR 26 P 12:09  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CM LEJEUNE, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000126475

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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# 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 **CM LEJEUNE, LLC**

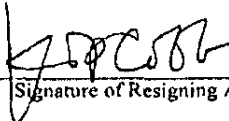
*Name of Limited Liability Company*

**L07000126475**

*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 O.P. COBB**

*Typed or Printed Name*

**REGISTERED AGENT**

*Capacity*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 26 P 12:09

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**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**