

From:

10/27/2016

10/27/2016 14:03

15003P.001/005

Division of Corporations

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 : 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 AMND/RESTATE/CORRECT OR M/MG RESIGN C/CM LEJEUNE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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S. YOUNG

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

From:

10/27/2016 14:05

#500 P.002/005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C/CM LEJEUNE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) 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

Firm/Company

2855 Le Jeune Road., 4th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

kolleen.cobb@fcci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Johnson

305

5202427

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
16 OCT 27 AM 11:54

From:

10/27/2016 14:05

#500 P.004/005

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Marshall Bruce Snyder	2855 Le Jeune Road., 4th Fl, Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated October 26, 2016

Signature of a member or authorized representative of a member

Kolleen O.P. Cobb, Secretary

Typed or printed name of signee