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. To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 : (305)520-2344 Phone

(305)520-2400 Fax Number

LLC DISSOLUTION OR WITHDRAWAL FDG ST. AUGUSTINE INDUSTRIAL PARK LLC

| Certificate of Status | 0 |
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| TO: Registration Section | COVER LETTER | L | |
| TO: Registration Section Division of Corporations | | | |
| FDG St. Augustine Industrial Pa | ark LLC | | |
| | Foreign Limited Liability | Company) | |
| Dear Sir or Madam: | | | |
| The enclosed withdrawal and fee(s) are submit | tted for filing. | | |
| Please return all correspondence concerning th | nis matter to the following | : | |
| Kolleen O.P. Cobb | | | |
| (Name of Person) | | • | |
| Florida East Coast Industries, LLC | | | |
| (Firm/Company) | | • | |
| 700 NW 1st Avenue, Suite 1620 | | | |
| (Address) | | | |
| Miami, FL 33136 | | | |
| (City/State and Zip C | ode) | | |
| For further information concerning this matter | , please call: | | |
| Brianna Hernandez | 305 | 520-2300 | |
| (Name of Person) | at (| Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tulluhassee, Florida 32301 | Regist Divisi P.O. E | ING ADDRESS: tration Section on of Corporations 30x 6327 tassee, Florida 32314 | |
| Enclosed is a check for the following amoun | nt: | | |
| □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| FDG St. August | tine Industrial Park LLC | | | |
|-----------------------------|---|---------------|---------------|--------------|
| | (Name of limited liability company) | | | |
| Delaware | | | | |
| | (Jurisdiction of its organization) | | 141 | |
| 11/20/2007 | | | | |
| | (Date registered with Florida Department of State) | | | |
| M07000006811 | | | | |
| | (Florida Document Number) | | | |
| This limited l | iability company is withdrawing its certificate of authority i | n this sta | ite. | |
| more than 90 Note: If the d | e date is listed, the date must be specific and cannot be priodays after filing.) ate inserted in this block does not meet the applicable status not be listed as the document's effective date on the Depart | lory filinį | g require | ments. |
| | (Signature of authorized representative) | | | |
| | Kolleen O.P. Cobb, Vice President | 5 | AON 6497 | ار. د کست |
| | (Typed or printed name of signee) | DOUGLA LONG A | 0V 13 P 12 38 | |

Filing Fee: \$25.00