## 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:

: FLAGLER DEVELOPMENT GROUP, LLC Account Name

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 FDG FLAGLER CROSSING LLC

Certificate of Status	0
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Page Count	02
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S. WARREN

'JUN 0 5 2017

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Corporate Filing Menu

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# **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: FDG FLAGLER CROSSING	3 LLC	
0.00	Name o	f Limited Liabil	ty Company
DOC	UMENT NUMBER: M070000068	15	
The enfor fil		ent for a Limit	ed Liability Company and fee are submitted
Please	return all correspondence concerning	g this matter to	
KOLI	EEN O.P. COBB	``` 	
VIV	Name of Person		<del></del>
FLOF	RIDA EAST COAST INDUSTRIES	, LLC	
	Name of Firm/Company	<u></u>	<del></del>
2855	LE JEUNE ROAD., 4TH FL	,	
	Address	<del></del>	<del></del>
COR	AL GABLES, FL 33134		
	City/State and Zip Code		_
KOLL	EEN.COBB@FECI.COM		
E	-mail address: (to be used for future annual r	eport notification)	_
For fu	rther information concerning this ma	iter, please call	:
BRE	NDA JOHNSON	305	5202427
	Name of Person	Area Cod	baytime Telephone Number
liabili	sed is a check made payable to the Flo	orida Departme	ent of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited
	ING ADDRESS:		EET ADDRESS:
_	ration Section Registration Section		
	ion of Corporations  Division of Corporations		
	Box 6327 Clifton Building hassee, FL 32314 2661 Executive Center Circle		
1 allan	48500, FL 32314		passee, FL 32301

#### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the prov	risions of section 605.0115, Florida Statutes, the u	ndersigned,
KOLLEEN O.P.	COBB	, hereby resigns as
***************************************	Name of Registered Agent	, notedy resigns as
Registered Agent fo	FDG FLAGER CROSSING LLC	
	Name of Limited Liability Company	
M07000006815		
Docume	nt Number, if known	
A copy of this resign	nation was mailed to the above listed limited liabil	ity company at its last known address.
The agency is termin	nated and the office discontinued on the 31st day a	after the date on which this statement is filed.
	Signature of Resigning Age	SECRETAL SECRETARIAN SECRETARI
If signing on behalf	of an entity:	
	KOLLEEN O.P. COBB	ILED
	Typed or Printed Name	
	REGISTERED AGENT	9: 03 STATE LORIDA
	Capacity	9m <b>a</b>

Active limited liability company
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