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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.

Commail 1	Addrage		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FDG COUNTYLINE LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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10/14/2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FDG COUNTYLINE LLC Name of Foreign Limited Liability Company
- , , ,
Dear Sir or Madam:
The enclosed application, certificate 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@feci.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Johnson 305 5202427
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
S25 Filing Fee & S55 Filing Fee & \$60 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida D	epartment of	
State: FDG COUNTYLINE LLC	To the second se	****	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
2. The Florida document number of this limited lia			
3. Jurisdiction of its organization: DELAWAR	₹E		
4. Date authorized to do business in Florida: 11/	20/2007		
SECTION II (5-9 complete only the applicable			
5. New name of the limited liability company: (mus	t contain "Limited Liability Con	npany, " "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopting the alt	usiness in Florida and attach a emate name. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent agent and/or the new registered office agent agen	ed officer address on our records ddress here:	, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Address		
_	City	, Florida	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent	gistered Agent: nt and agree to act in this capac.	ity. I further agree to comply with	

the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

, , ,

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Fitle/ Capacity	Name	Address	Type of Actio			
			Add			
			Remo			
√P	Marshall Bruce Snyder	2655 Le Jeune Road., 4th Fl, Corel Gables, FL 33134	■Add			
			Remo			
			Add			
			Remov			
			Add			
			Remov			
-			Add			
aforemention	inder the law of which this entity is organ	the official having custody of records in thized. Lead the authorized representative	Remov			

Filing Fee: \$25.00