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 : I20020000144

: (305)520-2344

Fax Number

: (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL FDG RAIL HOLDINGS 2 LLC

Certificate of Statu	S			0	
Certified Copy	्रभाग्यसम्ब	1	711	0	
Page Count			;,	01	$\bar{\mathbb{J}}$
Estimated Charge		Çŗ	\$25.00		

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Registration Division o	on Section f Corporations		77		
SUBJI	FDG	Rail Holdings 2 LLC				
		(Name of Fore	eign Limited Li	ability (Company)	
Dear S	ir or Madam	:				
The en	closed withd	rawal and fee(s) are submitted	I for filing.			
Please	return all cor	respondence concerning this	matter to the fo	llowing	:	
Attn:	Legal De	partment				
		(Name of Person)				
				•.		
		(Firm/Company)	• •	1.55	Pagasan	
2855	Le Jeune	Rd., 4th Floor		Î.		
		(Address)		ì		
Cora	l Gables,	FL 33134				
-		(City/State and Zip Code	P) .	əlin;	W.	
For fur	ther informat	ion concerning this matter, pl	ease call:			
Jessi	ca Perez		305		520-2366	
	4)	lame of Person)		Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclos	ed is a check	for the following amount:		emigraph e e		
Ø \$25	Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing I Certified Co		\$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

€ 2 У

FDG Rail I	Holdings 2 LLC		
	(Name of limited liability company)		
Delaware	.i. ·		
	(Jurisdiction of its organization)		
12/18/200			
	(Date registered with Florida Department of State)		
M0700000	7323		
	(Florida Document Number)		
his limited	l liability company is withdrawing its certificate of authority in	this state.	
	LIPCOLG		
	(Signature of authorized representative)	 _	
	Kolleen Cobb, Vice President		
	(Typed or printed name of signee)	<u> </u>	
		APR	*** k

Filing Fee: \$25.00

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