

From:

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06/02/2017 03:17:17 P.001/003

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : FLAGLER DEVELOPMENT GROUP, LLC  
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 SOUTHPARK DAY CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2017 JUN -2 PM 1:24  
TALLAHASSEE, FLORIDA

17 JUN -2 AM 9:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S. WARREN

JUN 05 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FDG SOUTHPARK DAY CARE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M08000004811

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KOLLEEN O COBB  
Name of Person

FLORIDA EAST COAST INDUSTRIES, LLC  
Name of Firm/Company

2855 LE JEUNE ROAD., 4TH FL  
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 at ( 305 ) 5202427  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KOLLEEN O COBB, hereby resigns as

Name of Registered Agent

Registered Agent for FDG SOUTHPARK DAY CARE LLC

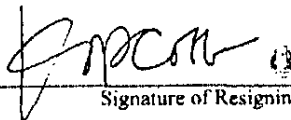
Name of Limited Liability Company

M08000004811

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

KOLLEEN O COBB

Typed or Printed Name

REGISTERED AGENT

Capacity

FILED  
17 JUN -2 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 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