

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
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 STATION IV LLC

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NOTETARY OF STATE

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Corporate Filing Menu

S. WARREN JUN 0 5 2017 TO:

Registration Section Division of Corporations

COVER LETTER

rame	of Limited Liabi	ity Company
DOCUMENT NUMBER: M08000004	972	
The enclosed Resignation of Registered Afor filing.	Agent for a Limi	ted Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to	the following:
KOLLEEN O COBB		
Name of Person		
FLORIDA EAST COAST INDUSTRIE	S, LLC	
Name of Firm/Company		
2855 LE JEUNE ROAD., 4TH FL	Ŷ	rak D
Address		
CORAL GABLES, FL 33134		
City/State and Zip Code		
KOLLEEN.COBB@FECI.COM		
E-mail address: (to be used for future annua	l report notification	, -
For further information concerning this m	iatter, please cal	:
BRENDA JOHNSON	305	5202427
Name of Person	at (Area Coo	le Daytime Telephone Number

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

	Add .
Pursuant to the provision	of section 605.0115, Florida Statutes, the undersigned,
KOLLEEN O COBB	, hereby resigns as
	ame of Registered Agent
Registered Agent for FD	G FLAGLER STATION IV LLC
	Name of Limited Liability Company
M08000004972	
Document Num	per, 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 fill Signature of Resigning Agent
lf signing on behalf of an	entity:
1	COLLEEN O COBB
-	Typed or Printed Name
(REGISTERED AGENT
-	Capacity
	ER INC PERC.

8 85.00 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

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