Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT RESIGNATION FDG SOUTHPARK V LLC

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Corporate Filing Menu

Hemsulker

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FDG SOUTHPARK V LLC	of Limited Liabili	by Company
DOCUMENT NUMBER: M08000005		
		ed Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to	the following:
KOLLEEN O.P. COBB		
Name of Person		
FLORIDA EAST COAST INDUSTRIE	S, 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 m	atter, please call:	
BRENDA JOHNSON	305	⁵²⁰²⁴²⁷
Name of Person		Daytime Telephone Number
Enclosed is a check made payable to the I liability company or \$25.00 for an admini liability company.	Florida Departme stratively dissolv	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STRE	ET ADDRESS:
Registration Section		ration Section
Division of Corporations	and the second s	on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center Circle
i anamassee, FL 32314		assec, FL 32301

INHS17 (2/14)

1.1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.01	15, Florida Statutes, th	ic undersigned,	
KOLLEEN O.P. CO	BB		, hereby resigns as	
Name of Registered Agent			, , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	DG SOUTHPARI	K V LLC		
	Name of Lie	mited Liability Company		
M08000005110				
Document No	umber, if known		AL S	
A copy of this resignation	on was mailed to the	above listed limited lia	ability company at its last kn appadds.	i i i
The agency is terminate	d and the office disc	ontinued on the 31st da	ay after the date on which this amemou is f	iled.
		Signature of Resigning	Agent RRI A	E
If signing on behalf of a	in entity:		A	
	KOLLEEN O.P.	. COBB		
		Typed or Printed Name		
	REGISTERED	AGENT		
		Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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