#666 P.001/003

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 : (305)520-2344 Phone 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:_

REGISTERED AGENT RESIGNATION COSMA WBP THREE, INC.

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03
\$35.00



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Help

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: COSMA WBP THREE, II	
(Name of Corpor DOCUMENT NUMBER: P01000064656	ation)
The enclosed Resignation of Registered Agent for a Corpo	pration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
KOLLEEN 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)	
For further information concerning this matter, please call:	
BRENDA JOHNSON at (305	5202427
(Name of Person) (Area Coo	de & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15)9,
Florida Statutes, the undersigned, KOLLEEN COBB	
(Name of Registered Agent)	
hereby resigns as Registered Agent for COSMA WBP THREE, IN	1C.
(Name of Corporation)	
P01000064656	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which
A DCOU	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	*
	7
KOLLEEN COBB	
(Typed or Printed Name)	45:15
(1) pro or 1 minor 1 minor 2 m	
To the second se	TI)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314