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.

(((H17000114260 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: FLAGLER DEVELOPMENT GROUP, LLC Account Name

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:\_

## REGISTERED AGENT RESIGNATION AC/WBP THREE, INC.

| Certificate of Status | 4,5 | 0       |
|-----------------------|-----|---------|
| Certified Copy        |     | 0       |
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| Estimated Charge      |     | \$35.00 |

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## COVER LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: AC/WBP THREE, INC.  |
| (Name of Corporation)  DOCUMENT NUMBER: P01000064663   |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin |
| 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 Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,

| Florida Statutes, the undersigned, KOLLEEN COBB  |              |
|--|--------------|
| (Name of Registered Agent)   |              |
| hereby resigns as Registered Agent for AC/WBP THREE, INC.  |              |
| (Name of Corporation)  |              |
| P01000064663   |              |
| (Document Number, if known)  |              |
| A copy of this resignation was mailed to the above listed corporation at its last known                      | own address. |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | on which     |
| FA PCOGL   |              |
| (Signature of Resigning Agent)   | · Zes        |
| If signing on behalf of an entity:   |              |
|  |              |
| KOLLEEN COBB   |              |
| (Typed or Printed Name)  |              |
| REGISTERED AGENT   | M 10: 29     |
| (Capacity)   |              |

## 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