4/26/2017



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144

Phone : (305)520-2344

Fax Number

: (305)520-2400

APR 27 2017

R. WHITE **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 YBR, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

COSMA YBR, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000038041

The enclosed Resignation of Registered Agent for a Corporation 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 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6327th Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Furstiant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , o	ir 617.1509,
Florida Statutes, the undersigned, KOLLEEN COBB	
(Name of Registered Agent)	
COSMANDE	
hereby resigns as Registered Agent for COSMA YBR, INC.	
(Name of Corporation)	
P02000038041	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last	st known address.
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	date on which
(Signature of Resigning Agent)	امر است چ چ
(Signature of Resigning Agent)	i kija 💛
If signing on behalf of an entity:	
an organis and organis and organis	, S
KOLLEEN COBB	1 m Ch
(Typed or Printed Name)	် တို့
REGISTERED AGENT	· ·
(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