4/26/2017

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170001141903)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number: I20020000144 Phone : (305)520-2344 : (305)520-2400 Fax Number

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 2003, INC.

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0
03
\$35.00

Electronic Filing Menu Corporate Filing Menu

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APR 27 2017 C MCNAIR

COVER LETTER

TO: Amendment Section

Division of Corporations

COSMA 2003, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000100375

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

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA JOHNSON

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

From:

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1502 Florida Statutes, the undersigned, KOLLEEN COBB

(Name of Registered Agent)

hereby resigns as Registered Agent for COSMA 2003, INC.

(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 which this statement is filed.

If signing on behalf of an entity:

KOLLEEN COBB

(Typed or Printed Name)

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