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.

(((H17000114172 3)))



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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

Fax Number : (305)520-2400

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT RESIGNATION CODINA MIC DEVELOPMENT, INC.

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Help

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	
DOC	(Name of Corporation) UMENT NUMBER: P03000022902
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
KO	LLEEN COBB
	(Name of Person)
FLO	RIDA EAST COAST INDUSTRIES, LLC
	(Name of Firm/Company)
285	55 LE JEUNE ROAD., 4TH FL
	(Address)
CO	RAL GABLES, FL 33134
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
BR	ENDA 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,

hereby resigns as Registered Agent for CODINA MIC DEVELOPMENT, INC. P03000022902 (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. (Signature of Resigning Agent) 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/	Florida Statutes, the undersigned, KOLLEEN COBB
(Name of Corporation) P03000022902 (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. (Signature of Resigning Agent) 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/	(Name of Registered Agent)
(Name of Corporation) P03000022902 (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. (Signature of Resigning Agent) 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/	hereby resigns as Registered Agent for CODINA MIC DEVELOPMENT, 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. (Signature of Resigning Agent) If signing on behalf of an entity: KOLLEEN COBB (Typed or Printed Name) REGISTERED AGENT (Capacity) Fee for filling this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	(Name of Corporation)
(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. (Signature of Resigning Agent) If signing on behalf of an entity: KOLLEEN COBB (Typed or Printed Name) REGISTERED AGENT (Capacity) Fee for filling this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	P03000022902
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This statement is filed. (Signature of Resigning Agent) 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/	A copy of this resignation was mailed to the above listed corporation at its last known address.
REGISTERED AGENT (Capacity) Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	
REGISTERED AGENT (Capacity) Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	(Signature of Resigning Agent)
REGISTERED AGENT (Capacity) Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	If signing on behalf of an entity:
REGISTERED AGENT (Capacity) Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	KOLLEEN COBB
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	(Typed or Printed Name)
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	REGISTERED AGENT
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	Life Control of the C
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	\$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