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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 CODINA HOLDINGS IV, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: CODINA HOLDINGS IV, INC.
DOCU	(Name of Corporation) UMENT NUMBER: P03000053515
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	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	5 LE JEUNE ROAD., 4TH FL
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 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 CODINA HOLDINGS IV, LLC
(Name of Corporation)
P03000053515
(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) REGISTERED AGENT (Capacity) REGISTERED AGENT
(Capacity) (Capac
Fee for filing this document: \$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation