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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 CODINA HOLDINGS (SAN REMO), INC.

Certificate of Status	74	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: CODINA HOLDINGS (SAN REMO), INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000056129

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** 

<sub>...</sub>305 \5202

\\$\cdot\}

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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## 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 (SAN REMO),	INC	<b>)</b> .
(Name of Corporation)		
P03000056129		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	addre	ess.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.  (Signature of Resigning Agent)	which	h
If signing on behalf of an entity:		
KOLLEEN COBB	2017	
(Typed or Printed Name)	APR 2	
REGISTERED AGENT	R 26	FILE
(Capacity)	AM 10: 20	<u> </u>
	ე: 2:	
Fee for filing this document:	ن	
\$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