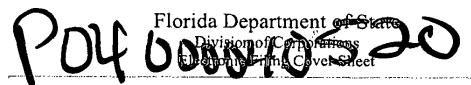
Division of Corporations



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.

(((H17000114361 3)))



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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

\*\*Enter the email address for this business entity to be used for futur $oldsymbol{arphi}$ annual report mailings. Enter only one email address please.\*\*

Email:	Address:		
EWATT	Address:_		

## REGISTERED AGENT RESIGNATION COSMA 2004, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: COSMA 2004, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: P04000040520
The en	closed 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)
FLOF	RIDA EAST COAST INDUSTRIES, LLC
	(Name of Firm/Company)
285	5 LE JEUNE ROAD., 4TH FL
	(Address)
CO	RAL GABLES, FL 33134
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
BRI	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

iet.

## 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 COSMA 2004, INC.	
(Name of Corporation)	
P04000040520	
(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.	FILE
(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/ withdrawn corporation

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