

From:
4/26/2017

P04000070393

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
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.****

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**REGISTERED AGENT RESIGNATION
CODINA DORAL DEVELOPMENT CORPORATION**

Certificate of Status	0
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PA Resign

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CODINA DORAL DEVELOPMENT CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P04000070393

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

From:

04/26/2017 11:58

#668 P.003/003

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 O.P. COBB

(Name of Registered Agent)

hereby resigns as Registered Agent for CODINA DORAL DEVELOPMENT CORPORATION


(Name of Corporation)

P04000070393

(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 O.P. 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 26 AM 10:20

FILED