

From:  
4/26/2017

P04000132254  
04/26/2017 12:35 #670 P.001/003  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6388

From: Account Name : FLAGLER DEVELOPMENT GROUP, LLC  
Account Number : I20020000144  
Phone : (305)520-2344  
Fax Number : (305)520-2400

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION  
CODINA RESIDENTIAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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RA Resign

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CODINA RESIDENTIAL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000132254

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Florida Statutes, the undersigned, KOLLEEN COBB

(Name of Registered Agent)

hereby resigns as Registered Agent for CODINA RESIDENTIAL, INC.


(Name of Corporation)

P04000132254

(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)

FILED  
2017 APR 26 AM 10:20  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

**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