

From:

PD5000064733

06/02/2017 12:17

#719 P.001/003

Florida Department of State
Division of Corporations
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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

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DIVISION OF CORPORATIONS
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Email Address: _____

**REGISTERED AGENT RESIGNATION
C/CM LEJEUNE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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JUN 05 2017
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From:

06/02/2017 12:18

#719 P.003/003

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C/CM LEJEUNE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000064733

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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From:

06/02/2017 12:18

#719 P.002/003

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

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DIVISION OF CORPORATIONS
2017 JUN -2 PM 4:40

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 C/CM LEJEUNE, INC.


(Name of Corporation)

P05000064733

(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**