From: 4/26/2017

# Division of Corporations Electronic Filing Cover Sheet

#672 P.001/003

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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 füture annual report mailings. Enter only one email address please.

Email Address:

### REGISTERED AGENT RESIGNATION CODINA CONSULTING, INC.

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Estimated Charge		\$35.00

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Corporate Filing Menu

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## COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: CODINA CONSULTING, INC.
DOCL	(Name of Corporation)  JMENT NUMBER: \$49997
The en	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
KOI	LLEEN COBB ESQ
	(Name of Person)
FLOF	RIDA EAST COAST INDUSTRIES, LLC
	(Name of Firm/Company)
285	5 LE JEUNE ROAD., 4TH FL
	(Address)
COI	RAL GABLES, FL 33134
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
BRE	ENDA JOHNSON at (305 ) 5202427
<del></del>	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

rursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, the undersigned, KOLLEEN COBB ESQ	
(Name of Registered Agent)	
hereby resigns as Registered Agent for CODINA CONSULTING, IN	IC.
(Name of Corporation)	
S49997	
(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 this statement is filed.	which
this statement is thed.	
758 CORL	
(Signature of Resigning Agent)	
∑ in the second of the second	201
If signing on behalf of an entity:	
	P
KOLLEEN COBB ESQ	FILI 1 APR 26
(Typed or Printed Name)	FILED
	<u>&gt;</u> □
DECICTEDED ACENT	AM IO:
REGISTERED AGENT	<del></del>
(Conveity)	

#### 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