# 108000057794

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700163529017

12/14/03-01033-007 \*\*35.00



T. CLINE
JAN 1 2 2010
EXAMPLE 1



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2009

ALECO HARALAMBIDES 3135 SW 2 AVE MIAMI, FL 33129

SUBJECT: SKALA HOLDINGS, LLC

Ref. Number: L08000052796

We have received your document for SKALA HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 709A00038643

Tammi Cline Regulatory Specialist II DIO TEN III NO O

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Name of Limited Liability Company		
	• • •		
DOCUMENT NUMBER:	L08000052796		
The enclosed Resignation of Reg for filing.	gistered Agent for a Limited Liability Company a	nd fee are submitted	
Please return all correspondence	concerning this matter to the following:		
Aleco Harala	ambides		
Name of Po			
Aleco Haralami	·		
Name of Firm/	Company		
3135 SW 3	3 AVE	700	
Addres	S		
Miami, FL	33129	ZOID JAN 11	
City/State and	Zip Code	MY E	
E-mail address: (to be used for fu	ture annual report notification)		
For further information concerni	ng this matter, please call:	£59	
Ilias Papaconstantino			
Name of Person	Area Code & Daytime Telephone	Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.509	9, Florida Statutes, the unders	igned,
Aleco Ha	ıralambides	, hereby resign	ns as
Name of Re	gistered Agent	, ,	
Registered Agent for	SKALA	HOLDINGS, LLC	
	Name of Limited Liability Co	ompany	,
L08000052796  Document Number, if kno			
A copy of this resignation was mai	led to the above listed lin	mited liability company at its	last known address.
The agency is terminated and the o	office discontinued on the	e 31st day after the date on w	hich this statement is filed.
	Signature of R	tesigning Agent	2010 JAN SEGRET
If signing on behalf of an entity:			
	Typed or Printed	Name	AM CONTROL
	Canacity	· ·	(3) (2)

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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