

N00 000000 4354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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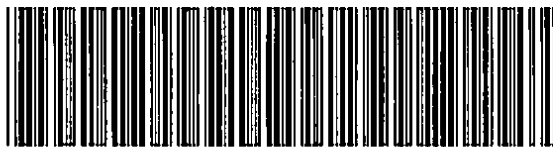
(Business Entity Name)

(Document Number)

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2022 MAY 16 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ja

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALMERIA LAND CONDOMINIUM ASSOCIATION, INC.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000004384

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:

L. CHERE TRIGG, ESQ.

\_\_\_\_\_  
(Name of Person)

SIEGFRIED RIVERA

\_\_\_\_\_  
(Name of Firm/Company)

201 ALHAMBRA CIRCLE, 11TH FLOOR

\_\_\_\_\_  
(Address)

CORAL GABLES, FL 33134

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

L. CHERE TRIGG, ESQ.

\_\_\_\_\_  
(Name of Person)

at ( 305 ) 442.3334

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SKRLD, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for ALMERIA LAND CONDOMINIUM ASSOCIATION, INC.

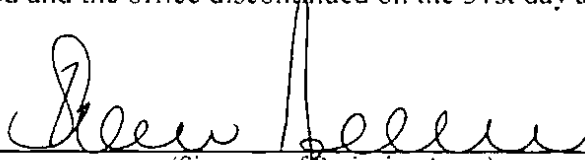
(Name of Corporation)

N00000004384

(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:

SHAUNA JOHNSON

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

FILED  
2022 MAY 16 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, 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