# N0400007881

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		: :

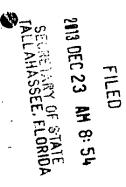
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#### COVER LETTER

TO: Amendment Section **Division of Corporations** 

ALHAMBRA V CONDOMINIUM ASSOCIATION INC

(Name of Corporation)

DOCUMENT NUMBER: NO4000007881

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:

## ANGELICA YOUNG, ESQUIRE

(Name of Person)

(Name of Firm/Company)

5901 SW 74 STREET, SUITE 300

(Address)

MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELICA YOUNG

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2013 DEC 23 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE, PLURI
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.129, or 617.1509,
Florida Statutes, the undersigned, ANGELICA YOUNG
(Name of Registered Agent)
hereby resigns as Registered Agent for ALHAMBRA V CONDOMINIUM ASSOCIATION INC
(Name of Corporation)
NO400007881
(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:
ANGELICA YOUNG
(Typed or Printed Name)
ATTORNEY
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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