

N99 000006742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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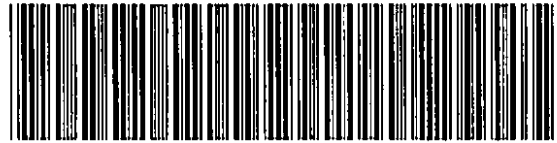
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 20 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KING'S VILLAS CONDOMINIUM ASSOCIATION, INC

(Name of Corporation)

DOCUMENT NUMBER: N99000006742

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:

LEONEL RIVERO

(Name of Person)

KING'S VILLAS CONDOMINIUM CORPORATION, INC

(Name of Firm/Company)

8714 NW 111TH TER

(Address)

HALEAH GARDENS, FLORIDA, 33018-4598

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONEL RIVERO OR ANA RIVERO

(Name of Person)

at (786-2512938)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for KING'S VILLAS CONDOMINIUM ASSOCIATION, INC

(Name of Corporation)

(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.

Alexis Lopez
(Signature of Resigning Agent)

If signing on behalf of an entity:

King's Villas Condominium Ass, Inc
(Typed or Printed Name)

President Resigning
(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withdrawn corporation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

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TALLAHASSEE, FL