

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

JUL 08 2022

CITY OF MARCO ISLAND

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name: **James L. Karl II, Esq.** Telephone: **239-898-5252**

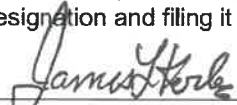
Street Address: **1095 Bald Eagle Drive Ste A**

City: **Marco Island** State: **FL** Zip Code: **34145**

Mailing Address: **PO Box 803**

City: **Marco Island** State: **FL** Zip Code: **34146**

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



07/08/22

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Committee or Organization Information

Name of Committee or Organization

Keep Marco Island Free

Street Address: **606 Bald Eagle Dr. #601** Telephone: **970-389-5761**

City: **Marco Island** State: **FL** Zip Code: **34145**



Signature of Chairperson

Alys Marcias

Printed Name of Chairperson

07/07/2022

Date