

K11526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

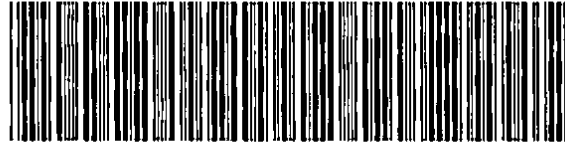
(Business Entity Name)

(Document Number)

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APR 16 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GFM OPERATIONS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** K11526

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:

Sheldon Zipkin  
(Name of Person)

Law Offices of Sheldon Zipkin, PA  
(Name of Firm/Company)

2020 NE 163 St. S. 300  
(Address)

North Miami Beach, FL 33162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheldon Zipkin at (305) 944-9100 X 247  
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**  
Amendment Section  
Division of Corporations  
Tifton Building  
561 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

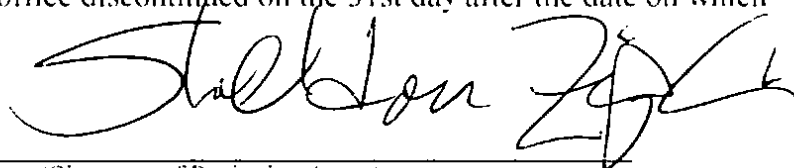
Florida Statutes, the undersigned, Sheldon Zipkin  
(Name of Registered Agent)

hereby resigns as Registered Agent for GFM OPERATIONS, INC.  
(Name of Corporation)

K11526  
(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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**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