

L17000118786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

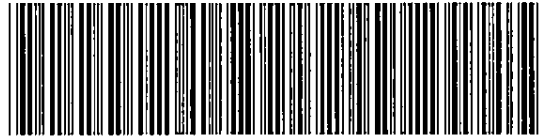
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000436711710

resignation of RA

FILED
2024 SEP 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 SEP 18 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


A. RAMSEY

SEP 19, 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 524-5437
(850) 524-6243
(850) 491-9625

Please use funds from this account: I20210000160: \$85.00

Authorization Signature: 

Business Name: SEAMAX, LLC

Document# L17000118786

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

Country

AMMENDMENTS

☐ Amendment

☒ Resignation of R.A.

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEAMAX, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: 1.17000118786

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolina Noronha

Name of Person

Matluc Services LLC

Name of Firm/Company

610 SYCAMORE STREET SUITE #315

Address

CELEBRATION, FL 34747

City/State and Zip Code

carolina@matluc-usa.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Noronha

at (786 719-4546)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Matluc Services LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for SEAMAX, LLC

Name of Limited Liability Company

1.17000118786

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Carolina Noronha

Typed or Printed Name

Manager

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2024 SEP 18 AM 11:01
CLERK OF COURT
JANUARY 18, 2024