

N15 00000 1121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

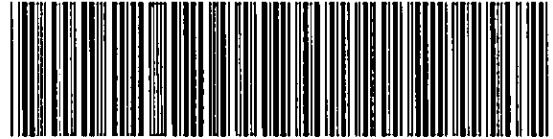
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400343141914

04/13/20--01031--017 \*\*67.50

FILED  
2020 APR 13 AM 9:22

R A / RES

APR 27 2020

ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** St. Augustine Shipyard Owner's Association, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N15000001121  
\_\_\_\_\_

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:

Edgar Balbin  
\_\_\_\_\_

(Name of Person)

St. Augustine Shipyard, LLC  
\_\_\_\_\_

(Name of Firm/Company)

2700 Newport Blvd., Suite 188  
\_\_\_\_\_

(Address)

Newport Beach, CA 92663  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Edgar Balbin  
\_\_\_\_\_

(Name of Person)

at ( 949 ) 673-3333  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Robert Thacker

(Name of Registered Agent)

hereby resigns as Registered Agent for St. Augustine Shipyard Owner's Association, Inc.

(Name of Corporation)

NI5000001121

(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)

**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

FILED  
2020 APR 13 AM 9:22