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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seabase Florida Corp.
(Name of Corporation)

DOCUMENT NUMBER: 500399

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 Street #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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Clifton Building
2661 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

Seabase Florida Corp.
(Name of Corporation)

500399

(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.

Sheldon Zipkin
(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withdrawn corporation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

17 FEB 21 PM 3:27

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00399

Entity Name: SEABASE FLORIDA CORP.

Current Principal Place of Business:

12705 N.W. 42ND AVE.
OPA-LOCKA, FL 33054

Current Mailing Address:

P.O. BOX 540384
OPA-LOCKA, FL 33054

FEI Number: 65-0226962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIPKIN, SHELDON
12705 NW 42 AVE
MIAMI, FL 33054 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HUANG, S L
Address 12705 N.W. 42ND AVE.
City-State-Zip: OPA-LOCKA FL 33054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: S L HUANG

D

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date