



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

Prepaid Sunbiz E-File Account Deposit Slip

Check the box if you made changes to your account information below. Please highlight any changes.

Check Number: _____ **Check Amount:** _____

Account Number: _____

Account Name: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Contact Person: _____

Signature: _____

Submit a deposit slip with each check (minimum \$300 per check).

- Make checks payable to the **Florida Department of State**.
- Must be payable in U.S. currency drawn from a U.S. bank.
- Checks must be from the Sunbiz E-File Account holder. **No 3rd party checks.**

Mailing Address

Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

**Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303
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