

LO4 0000 82466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

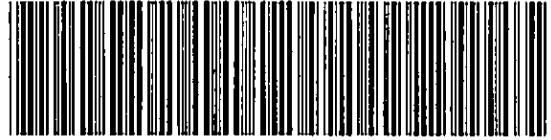
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/09/19--010101-011 4:55:00

2019 DEC 23 PM 3:00
FILED

FILED

Y. SULKER

DEC 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

J.C. CONTRACTOR LLC
385 SW SAINT LUCIE STREET
STUART, FL 34997

SUBJECT: J.C. CONTRACTOR LLC
Ref. Number: L04000082466

We have received your document for J.C. CONTRACTOR LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for Registered Agent resignation. The current RA is Joseph Cole. Scott D Schoen is Authorized Representative.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00024878

2019 DEC 23 PM 12:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. C. CONTRACTOR LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH COLE c/o SUSAN STEEN
(Contact Person)

J. C. CONTRACTOR LLC
(Firm/Company)

385 SW Saint Lucie Street
(Address)

STUART, FL. 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN STEEN at (772) 485-5376
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: S. C. CONTRACTOR LLC

2. The Florida document/registration number assigned to this limited liability company is:
L04000082466

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/03/2019

4. I, SCOTT D. SCHOEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED REPRESENTATIVE
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Scott Schoen
Signature of Dissociating Member or Resigning Manager

FILED
2019 DEC 23 PM 3:00
SECTION 1
FALL

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)