

L090000122864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

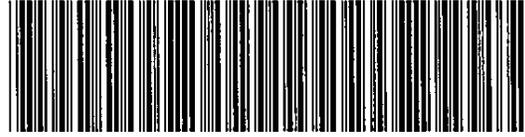
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCUL HOLDINGS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000122864

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:

Oded Cohen

Name of Person

RPO MANAGEMENT, LLC

Name of Firm/Company

2250 Lucien Way Suite #270

Address

Maitland, FL 32751

City/State and Zip Code

oded@royalpalmhomes.net

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

For further information concerning this matter, please call:

Oded Cohen

Name of Person

at (407) 260-8777 x 104

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

EDWARD G. MILGRIM, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for **SCUL HOLDINGS, LLC**

Name of Limited Liability Company

L09000122864

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.

EDWARD G. MILGRIM, P.A.

By: 

Signature of Resigning Agent

If signing on behalf of an entity:

Edward G. Milgrim

Typed or Printed Name

President

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

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TALLAHASSEE, FLORIDA