

L12000058768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

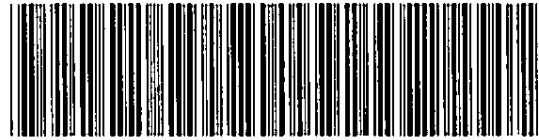
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700301752707

08/01/17--01002--006 \*\*55.00

RECEIVED  
FILING OFFICE  
TALLAHASSEE, FLORIDA

17 AUG 31 AM 11:49

ELJ

SEP 01 2017

Y S U N K

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SN-SCP, 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:

Todd B. Allen, Esq.

(Contact Person)

Lindsay & Allen, PLLC

(Firm/Company)

13180 Livingston Road, Suite 206

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Todd B. Allen

(Name of Contact Person)

at ( 239 )

(Area Code & Daytime Telephone Number)

593-7900

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

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
17 AUG 31 AM 11:49  
TALLAHASSEE, FLORIDA

EL



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: SN-SCP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000058768

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/29/17

4. I, Todd B. Allen, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

17 AUG 30 AM 11:49  
CLERK OF FLORIDA  
E.L.