LI4DDOIDU3DI

(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:				

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COVER LETTER

TO:	_	stration Section sion of Corporations			
SUBJ					
		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please	e return	all correspondence concerning	this matter to:		
TER	ESA S	CIALOIA			
		(Contact Person)		_	
FRE	sco c	DRLANDO, LLC			
		(Firm/Company)		_	
7721	TURK	KEY LAKE ROAD			
		(Address)		-	
ORL	ANDO	, FL 32819			
		(City/State and Zip Code)		_	
For fu	ırther ir	nformation concerning this matte	er, please call:		
TERI	ESA S	CIALOIA	407 at (222-2684	
	(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
	osed ple 5 Filing	ease find a check made payable tog Fee		Department of State for: g Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
_		Section Corporations		Registration Section Division of Corporations	
	n Build	-		P.O. Box 6327	
2661	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)





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:	SCO ORLANDO, LLC	•
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
L1400010630	1	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, LUIGI SCIAI	LOIA	hereby withdraw/resign as a
(Print)	lame of Person Resigning)	hereby withdraw/resign as a
MEMBER		
	(Print Title)	
resignation in wi		ne limited liability company has been notified of my gning Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	