

# L14000157319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

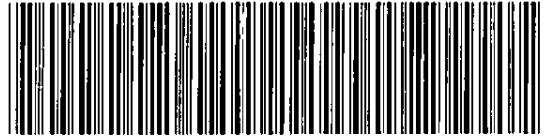
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JANUARY 19 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGCT LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L14000157319

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:

ERIK STROM  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

846 W. OSCEOLA ST.  
Address

Clermont FL 34711  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alejandro KASH at ( 352 ) 243 - 8460  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Kaba Consulting Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for

SGCT LLC

Name of Limited Liability Company

L14000157319

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.

Kaba Consulting Inc

Signature of Resigning Agent

If signing on behalf of an entity:

Alejandro Kaba

Typed or Printed Name

owner

Capacity

## FILING FEES:

- ☒ \$ 85.00 Active limited liability company
- ☐ \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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