

L16000053395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

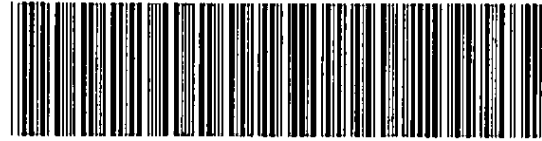
(Business Entity Name)

(Document Number)

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JUL 25 PM 4:19
CLERK OF STATE
TAMPA, FL

JUL 01 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCJ PROPERTY MANAGEMENT, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000053395

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:

JUMAN, NEZAMODEEN

Name of Person

Name of Firm/Company

14556 RIVERSIDE DRIVE

Address

FORT MYERS, FL 33905

City/State and Zip Code

nezam@me.com

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

For further information concerning this matter, please call:

nezam@me.com 239 565-2775
Name of Person at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

DLF Registered Agent Service, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for SCJ PROPERTY MANAGEMENT, LLC

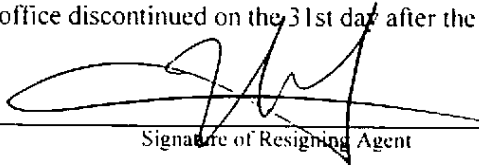
Name of Limited Liability Company

L16000053395

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael A Scott

Typed or Printed Name

MGR

Capacity

FILED
JAN 26 PM 4:19
TALLAHASSEE, FL
DIVISION OF STATE

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