

L16000224191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

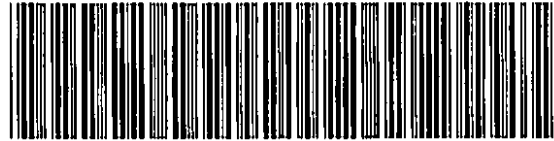
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700307202737

01/03/18--01024--004 \*\*25.00

2018 JAN -3 PM 1:36  
JAN 04 2018  
J. HARRIS

JAN 04 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S.C.S. HOSPITALITY GROUP, 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:

TERRI SUTTLE

(Contact Person)

S.C.S. HOSPITALITY GROUP, LLC

(Firm/Company)

712 SOUTH HOWARD AVE, #224

(Address)

TAMPA, FLORIDA 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI SUTTLE

(Name of Contact Person)

at 813 215-8269

(Area Code & Daytime Telephone Number)

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



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: S.C.S. HOSPITALITY GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000224191

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2017

4. I, LIVINGSTON CHATMAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

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

*Livingston Chatman*

Signature of Dissociating Member or Resigning Manager

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

2017 JAN -3 PM 1:36