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(Re	equestor's Name)				
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COVER LETTER

	~	stration Section ion of Corporations			
	SUBJECT: S.C.S. HOSPITALITY GROUP, LLC				
	SUBJECT.	(Name of Limited Liability Company)			
	The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
	Please return	all correspondence concernin	g this matter to:		
	TERRI SUT	TTLE		_	
		(Contact Person)			
S.C.S. HOSPITALITY GROUP, LLC				_	
	(Finn/Company)		-		
712	SOUTH HOWARD AVE, #224 (Address)				
,		(Address)		-	
	TAMPA, FL	ORIDA 33606			
(City/State and Zip Code)				•••	
	For further information concerning this matter, please call:				
	TERRI SUT	TTLE	813 at (215-8269	
	(N)	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)	
	Enclosed ple	ase find a check made payable ; Fee		Department of State for: g Fee & Certified Copy	
·	Registration Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 appea	ers on the records of the Florida Department
of State is: S.C.	S. HOSPITALITY GROUP, LLC	
2. The Florida docu L1600022419	ument/registration number assigned t	o this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or	will withdraw/resign is: 6/1/2018
4. I, PATRICK SMITH (Print Name of Person Resigning)		creby withdraw/resign as a
(Print N	lame of Person Resigning)	
MBR		
	(Print Title)	
of this limited lia resignation in wr	* *	f liability company has been notified of my
Patrick	& R Smith	
Signature of Di	issociating Member or Resigning Ma	nager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	