

217000005345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

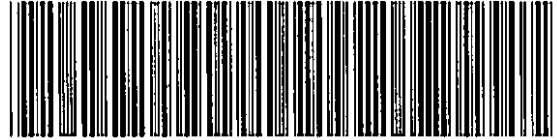
(Business Entity Name)

(Document Number)

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2018 JUL 23 AM 10:03  
SECRETARY OF REVENUE  
TALLAHASSEE, FL 32301

FILED

JLS  
8/2/18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCOGRAY 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:

**SCOTT NORTON**

(Contact Person)

**SCOGRAY LLC**

(Firm/Company)

**123 CYPRESS BREEZE BLVD. S.**

(Address)

**SANTA ROSA BEACH, FL 32459**

(City, State and Zip Code)

For further information concerning this matter, please call:

**SCOTT NORTON**

(Name of Contact Person)

**850**

at ( )

**419-5903**

(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: SCOGRAY LLC

2. The Florida document registration number assigned to this limited liability company is:  
L17000005345

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/12/2018

4. I, STEVE W. GRAY, 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

Signature of Dissociating Member or Resigning Manager

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

FILED  
2018 JUL 23 AM 10:08  
TALLAHASSEE, FLORIDA