

L17000059729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

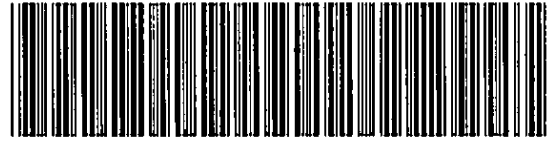
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700350125937

09/15/08--00012--001 8:05:00

FILED
SECRETARY OF STATE
DEPT. OF CORPORATION
20 AUG 13 AM 11:12

RA Resignation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC EQUIPMENTS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000059729

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:

SUSANA M CABRERA

Name of Person

Name of Firm/Company

6676 HOULTON CIRCLE

Address

LAKE WORTH FLORIDA 33467

City/State and Zip Code

susanac08@yahoo.com

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

For further information concerning this matter, please call:

SUSANA CABRERA

561

762-4415

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUNE 13 AM 11:12

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

FRANK CAVERO _____, hereby resigns as

Name of Registered Agent

Registered Agent for SC EQUIPMENT LLC

Name of Limited Liability Company

L17000059729

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:

Typed or Printed Name

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 13 AM 11:12

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