(((H21000167927 3)))

number (shown below) on the top and bottom of all pages of the document.



H210001879273ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

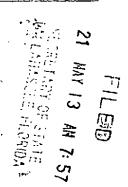
AM 8: 2

Ent	er	the	email	address	for	this	business	entity	, to	be	used	for	futur
Cu	an	nual	repor	t mailin	gs.	Enter	only on	e email	add	res	s ple	ase.	**

ZI MAY 13 A

## LLC REGISTERED AGENT RESIGNATION SC GBL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help



### H21000167927 3

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:				
Name of Lir	nited Liability	Company		
DOCUMENT NUMBER: L18000180498				
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning th	is matter to th	e following:		
Amanda Archambault				
Name of Person	<del></del>			
Incorporating Services, Ltd.				
Name of Firm/Company				
3500 S DuPont Highway				
Address				
Dover, DE 19901		•		
City/State and Zip Code				
aarchambault@incserv.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter	, please call:			
Amanda Archambault	302	531-0712 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the Floric liability company or \$25.00 for an administrat liability company.	da Departmen ively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREI	ET ADDRESS:		
Registration Section	ation Section			
Division of Corporations	n of Corporations			
P.O. Box 6327	Building			
Tallahassee, FL 32314	xecutive Center Circle			

Tallahassee, FL 32301

INHS17 (2/14)

### H21000167927 3

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115	5, Florida Statutes, the un	idersigned,			
Incorporating Service	s, Ltd.	, hereby resigns as				
N	ame of Registered Agen	11				
Registered Agent for SC	GBL LLC				<del> </del>	
_		<u></u>			1	
,	Name of Lim	ited Liability Company				
L18000180498						
Document Numb	er, if known	<del></del>				
A copy of this resignation	was mailed to the a	above listed limited liabil	ity company at its las	it known add	ress.	
The agency is terminated a	and the office disco	intinued on the 31st day a	ifter the date on which	h this statem	ent is	filed.
1	Brace	Signature of Resigning Age	mbault	5		
If signing on behalf of an	entity:					
•	Am	anda Archambault				
_	Т	Typed or Printed Name		_	2	
	As	sistant Secretary			A	
_		Capacity		-	14.4	٠٠٠٦
					_	
				i ,	w	1
	FILING	PEES:		-		
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissorated withdrawn limited liability	y company olved/ voluntarily dis	ssolveď 🔄	<del></del>	
		withdrawn limited lia	ibility company	1.7(11)	57	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314