

L18000180498
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORPORATING SERVICES, LTD.
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2021 MAY 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION
SC GBL LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
21 MAY 13 AM 7:57
FILED

Handwritten signature/initials

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SC GBL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000180498

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:

Amanda Archambault
Name of Person

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 report notification)

For further information concerning this matter, please call:

Amanda Archambault at (302) 531-0712
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Incorporating Services, Ltd. _____, hereby resigns as
Name of Registered Agent

Registered Agent for SC GBL LLC

Name of Limited Liability Company

L18000180498
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.

Amanda Archambault
Signature of Resigning Agent

If signing on behalf of an entity:

Amanda Archambault
Typed or Printed Name
Assistant Secretary
Capacity

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
21 MAY 13 AM 7:57

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