h18 000 252876

(Requ	uestor's Name)			
(Åddr	ess)			
(Addr	ess)			
(City/	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500371409565

08/12/21--01011--019 **25.00



08/25/2021 1H

COVER LETTER

	on of Corporations		
SUBJECT:_	SCS HOLDCO LLC	e of Limited Liability	Company
DOCUMEN	г number: L18000252	-	· ·
The enclosed for filing.	Resignation of Registered	Agent for a Limited	Liability Company and fee are submitted
Please return	all correspondence concert	ning this matter to th	ne following:
Rachel Sch	ott		
	Name of Person		
PARACOR	PINCORPORATED		
	Name of Firm/Compan	iy	
2804 Gatew	ay Oaks Dr #100		
	Address	 	
Sacramento	, CA 95833		
	City/State and Zip Cod	e	
E-mail add	ress: (to be used for future annu	al report notification)	
For further in	formation concerning this	matter, please call:	
Rachel Scho	ott	800	533-7272 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersigned. PARACORP INCORPORATED _, hereby resigns as Name of Registered Agent Registered Agent for ___ LSCS HOLDCO LLC Name of Limited Liability Company L18000252876 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. TOU MIG 12 M 1:58 Signature of Resigning If signing on behalf of an entity: Jose Gomez Typed or Printed Name Asst. Secretary for Paracorp Incorporated Capacity Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/

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

withdrawn limited liability company