## L19000 158580

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## **COVER LETTER**

SUBJECT: SC Financial LLC Name (	of Limited Liability	Company
DOCUMENT NUMBER: L190001885	80	
The enclosed Resignation of Registered A for filing.		Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to th	e following:
United States Corporation Agents, Inc	<b>)</b> .	
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address	·	
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this m	atter, please call:	
	800	773-0888 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

Tallahassee, FL 32314

P.O. Box 6327

Registration Section

MAILING ADDRESS:

Division of Corporations

**TO:** Registration Section Division of Corporations

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

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

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the undersig	ned.	_
United States Corp	poration Agents, Inc.	reby resigns as	1001
-	Name of Registered Agent	reby resigns as	<u> </u>
Registered Agent for	SC Financial LLC		2021 JAN -5
0 0 ==			
<del></del>	Name of Limited Liability Company		PR T
L19000188580			型語 王
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limited liability com	npany at its last k	known address.
The agency is terminate	ed and the office discontinued on the 31st day after the Signature of Resigning Agent	date on which t	this statement is filed.
If signing on behalf of a	in entity:		
	Cheyenne Moseley		
	Typed or Printed Name	<del></del>	
	Asst. Secretary for United States Corporation Agents	i, Inc.	
	Capacity	<del></del>	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00