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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SCJ Careers		
(Name of Lim	ited Liability Co	mpany)
The enclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Scott C Johnson		
(Contact Person)		_
SCJ Careers		
(Firm/Company)		_
2674 Clubhouse Dr S		
(Address)	<del></del>	the state of the s
Clearwater, FL 33761		
(City/State and Zip Code)		<del></del>
For further information concerning this matter	er, please call:	
Scott C Johnson	727	455-5095 )
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		•
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		гананаявий, гюнца эдэ14

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	s it appears on the records of the Flo	rida De	partm	nent
2. The Florida docu L19000241793		ussigned to this limited liability comp	pany is:	2019 OCT 1 1	7
4. I, Kimberley H .	Iohnson	signed or will withdraw/resign is:, hereby withdraw/resign as a	D.8.19 C.E. FI BRIDE	T 11 PM 2: 49	
of this limited liab resignation in wri		he limited liability company has been	n notifi		my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				