

L21000225573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

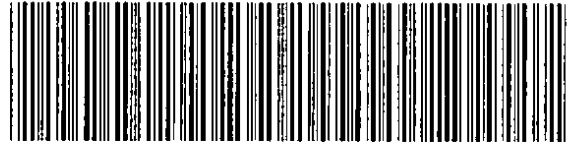
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2023 JUL 18 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scafrani Group, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000225573

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:

Ed Tsuji

Name of Person

MyCompanyWorks, Inc.

Name of Firm/Company

187 E. Warm Springs Rd., Suite B

Address

Las Vegas, NV 89119

City/State and Zip Code

orders@mycompanyworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Balen

Name of Person

at (702) 362-2677

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2018 JUN 18 PM 3:54

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

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Registered Agent Solutions, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Scafrani Group, LLC

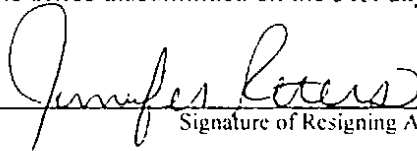
Name of Limited Liability Company

L21000225573

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Jennifer Peters

Typed or Printed Name

Authorized Representative of Registered Agent Solutions, Inc.

Capacity

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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