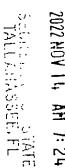
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

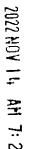
Office Use Only



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## **COVER LETTER**

SUBJECT: SCALENOW LLC  Name of Limited Liability	Common
Name of Lamiled Claotiny	Company
DOCUMENT NUMBER: <u>1.21000435873</u>	
The enclosed Resignation of Registered Agent for a Limited for filing.	Hiability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	-
Legaline Corporate Services, INC.	
Name of Firm/Company	-
10601 Clarence Dr Ste 250	
Address	-
Frisco, TX 75033-3867	
City/State and Zip Code	<u>.</u>
ra@legaline.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Chelsea Chapman \$44 at (	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section - Division of Corporations

TO:

## Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provision	s of section 605.0115, Florida	a Statutes, the undersigne	ed.		
Legaline Corporate Service	ices, INC, hereby resigns as				
	<u>-</u>				
Registered Agent for <u>SC</u>	ALENOW LLC				
	Name of Limited Liabi	lity Company			`
1.21.000435873 Document Nu	ıber, if known				
A copy of this resignation	n was mailed to the above list	ed limited liability comp	any at its last knowr	ı addre:	SS.
The agency is terminated	and the office discontinued of	on the 31st day after the d	late on which this sta	atemen	t is filed.
If signing on behalf of an	entity:	A TOTAL TERMINATION OF RESIGNING Agent	TALLAHA -	2022 NOV 1 4	)
		Mathewson	<i>O</i> γ <sup>*</sup>		्र इन्ह
	· ·	rinted Name		AM 7:2	
	On Behalf of Legaline Corpora		<u></u>	7:	
	Capaci	ity	F ===	$\sim$	

FILING FEES:

 \$85.00 Active limited liability company
 \$25.00 Administratively dissolved/voluments 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