L22000 257712

(Requestor's Name)	
(Address)	
(Address)	
(12000)	
(C') (O) (T') (D)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certificates of Status	
Special Instructions to Filing Officer:	





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2025 /.PR -2 PH 2: 14



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Security and Counterintellig	ence Actions LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000257712	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
11501 Domain Drive, Suite 200	
Address	
Austin, TX 78758	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (800 Area Code	773-0888 Daytime Telephone Number
ivanic of reison Area Code	rzayume rejeptione 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2025 APR -2 PH 2:14 TALLAHASSEE, FL

	"ICTMUASS
Pursuant to the provisions of section 605.0115, Florida Statutes, the	
United States Corporation Agents, Inc.	, hereby resigns as
Name of Registered Agent	· -
Registered Agent for Security and Counterintelligence Act	ions LLC
Name of Limited Liability Company	
L22000257712	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia	ability company at its last known address.
The agency is terminated and the office discontinued on the 31st da	ay after the date on which this statement is filed.
Erik Treutlein	<u> </u>
Signature of Resigning a	Agent
If signing on behalf of an entity:	
Erik Treutlein	
Typed or Printed Name	
Vice President on behalf of United States Corpor	ration Agents, 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

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