

L 22 0000 491925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

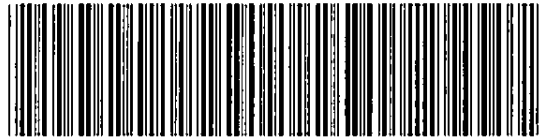
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Umls

Office Use Only



900427022009

04/10/24--01011--009 \*\*25.00

FILED  
2024 APR 10 AM 11:41  
RECEIVED  
TALL PINE  
COUNTY  
CLERK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCG Advising, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Yadhira Sollberger  
(Contact Person)

SCG Advising, LLC  
(Firm/Company)

2748 Lake Pickett Pl  
(Address)

Chuluota, FL 32766  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yadhira Sollberger at ( 407 ) 223 5004  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: SCG Advising, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L22000491925

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/23

4. I, Guillermo Sollberger, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED  
2024 APR 10 AM 11:41  
SEC. OF STATE  
TALLAHASSEE, FLORIDA