# M020000 1904

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del>'</del>	<del></del>	





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19/01/18--01046--001 \*\*1275.00





### **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJ	SCP 2002C-7 LLC				
	Name of Limited Liabil	ity Company			
DOC	UMENT NUMBER: M02000001904				
The e for fil	nclosed Resignation of Registered Agent for a Limit ing.	ed Liability Con	ipany and	fee are	submitted
Please	e return all correspondence concerning this matter to	the following:			
Invoi	ce Team				
-	Name of Person	_			
COG	ENCY GLOBAL INC				
	Name of Firm/Company				
850 1	New Burton Rd Suite 201				
	Address	_			
Dove	er, De 19904		₹-		(sear-T)de <b>rig</b>
	City/State and Zip Code	<del></del>			: 1
invoi	ces@cogencyglobal.com			-	
H	-mail address: (to be used for future annual report notification	1		-ŋ	; <u>-</u> 1
For fu	urther information concerning this matter, please call	:		ىيا دن	ممد
Invoi	ce Team 866	621-3524	:•	_1	
	Name of Person Area Coc	le <sup>'</sup> Daytime Tele	phone Nun	ıber	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisio	ns of section 605.0115	, Florida Statutes, the unc	lersigned.		
COGENCY GLOBA	AL INC		, hereby resigns	s as	
	Name of Registered Agent			-	
Registered Agent for S	CP 2002C-7 LLC	<u> </u>			
	Name of Limit	ted Liability Company	<del></del>		
M02000001904					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the ab	bove listed limited liabilit	y company at its	last knowr	address.
The agency is terminate	d and the office discon	ntinued on the 31st day af	ter the date on wh	nich this st	atement is filed.
	Kri	ystal Beckner Signature of Resigning Agent			
		Signature of Resigning Agent			
If signing on behalf of an entity:			<u> </u>	1 4	
	Krystal Beckner			1	
	Ty	ped or Printed Name		D	
	Assistant Secreta			بب	じ
		Capacity	``	 	
			<u></u>	51	
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily of ility company	dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314