

1707000000279

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(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

*Ra Resignation  
inactive*



**PARACORP**

**COVER LETTER**

**TO:** Nationwide Registered Agent Services  
Registration Section  
Division of Corporations

**SUBJECT:** SCM ROYAL PALM INVESTORS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000000279

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:

Cori Ann Crosthwaite  
Name of Person

Paracorp Incorporated  
Name of Firm/Company

PO Box 160568  
Address

Sacramento CA 95816  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cori Ann Crosthwaite at (800) 533.7272  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
FALL PALM BEACH, FL



**PARACORP**

Nationwide Registered Agent Services

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

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

Paracorp Incorporated

, hereby resigns as

Name of Registered Agent

Registered Agent for SCM ROYAL PALM INVESTORS, LLC

Name of Limited Liability Company

M07000000279

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.

*Sharon Cooke*

Signature of Resigning Agent

If signing on behalf of an entity:

Sharon Cooke

Typed or Printed Name

Assistant Secretary

Capacity

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14 OCT 24 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

INHS17 (2/14)

Corporate Office: 2804 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833-3509

Tel: (888) 272-3725 Fax: (800) 603-5868