P160000 37676

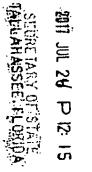
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SC & Mc of Jackson (Name of Coppe	le JNC
DOCUMENT NUMBER: P/60003	9676
The enclosed Resignation of Registered Agent for a Corp	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Lakersha Luster (Name of Person)	
(Name of Person)	
(None of Firm (Common)	
(Name of Firm/Company)	
9458 Carbudafe Dr E	
(Addless)	
JACKSONVILLE, FI 32208	 -
For further information concerning this matter, please ca	11:
Steven A. Cohen at (90 (Area C	ode & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departr or \$35.00 for an administratively dissolved, voluntarily	nent of State for \$87.50 for an active corporation lissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 63 Tallahassee, FL 32	ations 27



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2017

STEVEN COHEN 1125 WILCOX ST JACKSONVILLE, FL 32209

SUBJECT: SC & MC OF JACKSONVILLE INC Ref. Number: P16000039676

We have received your document for SC & MC OF JACKSONVILLE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not resign a registered agent on a registered agent change form. You must file a resignation of registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 117A00010347

Please see Attached Documents
Returning for Completion
Thiank You.

NT FILE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

期 JUL 24/ P 12: 15

"
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.0502(1)
Florida Statutes, the undersigned, La Kelsha 5. Luslew (Name of Registered Agent)
hereby resigns as Registered Agent for SCA MC of Tackson ville, IN. (Name of Corporation)
P/000039676 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
Fee for filing this document: \$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn cor p oration

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