

L13 000 139101

(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:

Office Use Only



600283791746

03/31/16--01009--009 **25.00

FILED
16 MAR 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 01 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ginger Marketing LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000139101

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:

Amy R. McGeorge
Name of Person

Ginger Marketing LLC
Name of Firm/Company

3955 Riverside Ave.
Address

Jacksonville, FL 32205
City/State and Zip Code

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

For further information concerning this matter, please call:

Amy R. McGeorge at (904) 224-1201
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Purcell, Flanagan, Hay & Greene, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Ginger Marketing LLC

Name of Limited Liability Company

L13000139101

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Joseph D. Pickles

Typed or Printed Name

Shareholder

Capacity

FILED
16 MAR 31 AM 11:56
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withdrawn limited liability company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