

B010000000272

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TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

MAR 10 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ginn-LA Orlando Ltd., LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B01000000272

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tammy Hotaling
Contact Person

ACP-Communities, LLC
Firm/Company

200 Ocean Crest Drive, Ste. 31 - LEGAL DEPT.
Address

Palm Coast, FL 32137
City, State and Zip Code

thotaling@acpcommunities.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Hotaling at (386) 246-5859
Name of Contact Person Area Code and Daytime Telephone Number

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

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Virginia Tee, Esq., hereby resigns as
Name of Registered Agent

Registered Agent for Ginn-LA Orlando Ltd., LLLP,
Name of Limited Partnership or Limited Liability Limited Partnership

B01000000272
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

VIRGINIA TEE
Typed or Printed Name

R. A.
Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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