



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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REGISTERED AGENT RESIGNATION
GINN-LA PINE ISLAND LTD., LLLP

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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T. LEMIEUX

OCT 30 2019

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**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 PINE ISLAND LTD., LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

B01000000312

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 Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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