

10600000

9945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

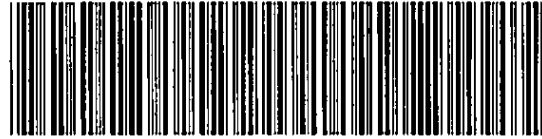
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE
FEB 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ginier LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael Reinig

(Contact Person)

Ginier LLC

(Firm/Company)

219 SW 21st Terrace

(Address)

Fort Lauderdale, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Reinig

(Name of Contact Person)

at 954 444-5249

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ginier LLC

2. The Florida document/registration number assigned to this limited liability company is:
L06000009945

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/2/2019

4. I, Jacob D. Reinig, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jacob Reinig
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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AM 11:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2019

MICHAEL REINIG
GINIER LLC
219 SW 21ST TERRACE
FT. LAUDERDALE, FL 33312

SUBJECT: GINIER, LLC
Ref. Number: L06000009945

We have received your document for GINIER, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00001760

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TALLAHASSEE, FL