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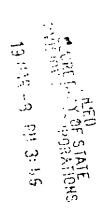
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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Ra Rosignation

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D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJEC	GINEN GROUP LLC				
DANGE IN	1.0000000	me of Limited Liabili 3046	ty Company		
DOCUM	IENT NUMBER:				
The enclo	osed Resignation of Registere	d Agent for a Limite	ed Liability Company a	nd fee are submitted	
Please ret	turn all correspondence conce	rning this matter to	the following:		
	UCIEN BORGES	_	· ·		
	Name of Person		_		
	Traine of Ferson				
	(D)		_		
	Name of Firm/Compa	nny			
4812 NV	W 6TH ST				
	Address		-		
PLANTA	ATION, FL 33317				
	C'11/C		_	10	
	City/State and Zip Co	ode		芸 学	
GINENC	GROUP@GMAIL.COM			1 -1	
E-ma	il address: (to be used for future anr	nual report notification)	_	3 4	
For furthe	er information concerning this	s matter, please call:			
	JCIEN BORGES	954	7977018	GATE 3: 45	
		at ()	क दुर्ग	
	Name of Person		Daytime Telephone N	lumbar 10	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, th	ne undersigned,
MARIE JOSETTE BRUNO	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for GINEN GROUP, LLC	
Name of Limited Liability Company	,
L08000003046	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited like	ability company at its last known address.
The agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is terminated and the office discontinued on the 31st day agency is the agency is agency is the agency is the agency is the agency is	Agent F
a signing on behalf of alternity.	50
Typed or Printed Name	3 ST
Capacity	

\$ 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

FILING FEES: