

L 0800000 3046

(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



800325777048

05/06/19--01010--027 \*\*110.00

RECEIVED  
OFFICE OF STATE  
CORPORATIONS  
19 MAR -8 PM 3:45

Ra Resignation

MAR 20 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GINEN GROUP LLC

**DOCUMENT NUMBER:** L08000003046  
Name of Limited Liability Company

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:

**JEAN LUCIEN BORGES**

Name of Person

Name of Firm/Company

4812 NW 6TH ST

Address

PLANTATION, FL 33317

City/State and Zip Code

GINENGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

**JEAN LUCIEN BORGES**

954

7977018

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

19 MAR -8 PM 3:45  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**MARIE JOSETTE BRUNO**

, hereby resigns as

Name of Registered Agent

**GINEN GROUP, LLC**

Registered Agent for

Name of Limited Liability Company

**L08000003046**

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:

Typed or Printed Name

Capacity

FILED  
DEPT. OF STATE  
CORPORATIONS  
10 MAY -8 PM 3:15

### **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