

L11 0000 40341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

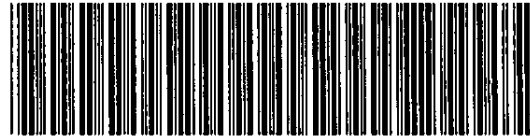
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 29 2013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ginza LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000040341

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:

Steve Polisar

Name of Person

Law Office of Steve Polisar

Name of Firm/Company

407 Lincoln Road, Suite 2A

Address

Miami Beach, FL 33139

City/State and Zip Code

stevepolisar@aol.com

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

For further information concerning this matter, please call:

Steve Polisar

Name of Person

at (**305**) **672-7772**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 28 PM 2:58

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Steve Polisar

, hereby resigns as

Name of Registered Agent

Registered Agent for **Ginza 5, LLC**

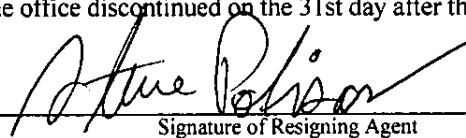
Name of Limited Liability Company

L11000040341

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:

Steve Polisar

Typed or Printed Name

Resigned Agent

Capacity

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TALLAHASSEE, FLORIDA

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