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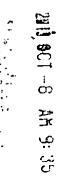
(Re	equestor's Name)			
(Ac	idress)	<u> </u>		
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
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Certified Copies	_ Certificates	of Status		
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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: GINNA CONSULTING, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000161032	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Janna Pantoja 1 800	773-0888 x3950
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the un	dersigned,	e .	24	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns as	 	. 9	,es
			是	<u>C.</u>	، وأجد د
Registered Agent for GINNA CONSULTING, LLC			7:55 -3* -1:	-8	i i
8- 8 _				3.	2. '4.
Name of Limited Liability Company		*	<u>क्</u> र	**	
L17000161032				_	
Document ?	Number, it known				
	tion was mailed to the above listed limited liabilited and the office discontinued on the 31st day a Signature of Resigning Ager	fter the date on which the			tiled.
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name				
	Asst. Secretary for United States Corporation	Agents, Inc.			
	Capacity				

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