# L21000319579

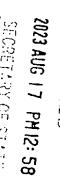
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |  |
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Office Use Only



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08/17/23--01009--004 \*\*25.00



### **COVER LETTER**

Division of Corporations SUBJECT: Gina White LLC Name of Limited Liability Company DOCUMENT NUMBER: L21000319579 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

TO: Registration Section

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 prov  | risions of section 605.01                        | 15, Florida Statutes, the unders   | signed,                      |                                |
|---|--|--|------------------------------|--------------------------------|
| United States Corporation Agents, Inc. Name of Registered Agent |  |  | hereby recions as            |                                |
|   |  |  | _ , hereby resigns as        |                                |
| Registered Agent fo   | Gina White LLC                                   | ·  |                              |                                |
| ·   |  | _  |                              |                                |
| - · · · ·   | Name of Li                                       | mited Liability Company  |                              | <del></del> .                  |
| L21000319579  |  |  |                              |                                |
| Documer   | nt Number, if known                              |  |                              |                                |
| A copy of this resign   | nation was mailed to the                         | above listed limited liability co  | ompany at its last known ac  | ddress.                        |
| The agency is termin  | nated and the office disc                        | continued on the 31st day after  | the date on which this state | ment is filed.                 |
|   |  | Signature of Resigning Agent   |                              |                                |
| If signing on behalf  | of an entity:                                    |  | . **                         | · 2                            |
|   | Cheyenne Moseley                                 |  | ֖<br>-C<br>-,¤               | 0 <b>23</b> A                  |
|   |  | Typed or Printed Name  | nts, Inc.                    |                                |
|   | Asst. Secretary for United States Corporation Ag |  | nts, Inc.                    | 17<br>17                       |
|   |  | Capacity   |                              | FILED                          |
|   | FILING<br>\$ 85.00<br>\$ 25.00                   | FEES:<br>Active limited liability con<br>Administratively dissolved<br>withdrawn limited liability | / voluntarily dissolved/     | FILED<br>1023 AUG 17 PM 12: 58 |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314