

L22000190890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

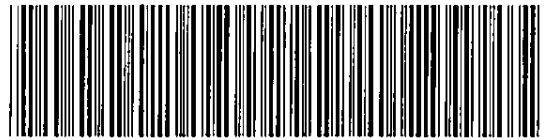
(Business Entity Name)

(Document Number)

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Resignation of
RA

11/13/24--01019--006 **25.00

FILED

2024 NOV 13 PM 12 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSAY

DEC. 9, 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GINE ENTERTAINMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22(00)190890

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:

Adam Saulters
Name of Person

ZenBusiness Inc.
Name of Firm/Company

336 E. College Ave. Suite 301
Address

Tallahassee, FL 32301
City/State and Zip Code

ra@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Saulters at (844) 493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ZenBusiness Inc.

_____ hereby resigns as

Name of Registered Agent

Registered Agent for GINE ENTERTAINMENT LLC

Name of Limited Liability Company

L22000190890

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:

Khadijeh Hemmati

Typed or Printed Name

Secretary

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

2014 NOV 13 PM 12:01
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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA