Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GINN DEVELOPMENT COMPANY, LLC

Account Number : 120080000036

Phone

: (386)246-5859

Fax Number

: (386)246-5856

## LLC DISSOLUTION OR WITHDRAWAL GINN-HUTCHINSON GP, LLC

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T. HAMPTON OCT 2 0 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: 6101-HUTCHINSON 6P, UC (Name of Poreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ginn Development Company, LCC

Hammock Beach Pkwy.

Palm Coast, Fr. 3213'7

(City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person)

at (386) 246-5859

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□\$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy ■ \$60 Filing Fee, Certificate of \$tatus & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN **FLORIDA**

Ginn - Hutchinson 6P LCC (Name of limited liability company)	
(Name of limited liability company)	
(Jurisdiction of its organization)	
(Jurisdiction of its organization)	
M0300001602	
(Florida Document Number)	

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

(Typed or printed name of signee)

Filing Fee: \$25.00