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M. MILLIGAN EXAMINER

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ginn Hospitality, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M05000000609

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:

## Tammy Hotaling

Name of Person

### ACP-Communities, LLC

Name of Firm/Company

200 Ocean Crest Drive, Ste. 31 - LEGAL DEPT.

Address

#### Palm Coast, FL 32137

City/State and Zip Code

# thotaling@acpcommunities.com

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

For further information concerning this matter, please call:

Tammy Hotaling

...386

246-5859

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 (12/13)

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the und	lersigned,
Virginia Tee, Esq.		, hereby resigns as
Name of Registered Ager		
Registered Agent for Ginn Hospitality	y, LLC	
No.	2-11-19- C	,
Name of Lim	nited Liability Company	
M05000000609		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liabilit	y company at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day aff	ter the date on which this statement is filed.
	Muna Tel	
	Signature of Resigning Agent	
If signing on behalf of an entity:	V	電電型
T	YIK6   N   A   EC	28 LE
	R.A.	
	Capacity	
FILING	FEES:	
\$ 85.00 \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved/ ility company

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