M0500005666

(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
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M. MILLIGAN EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Ginn Sports Entertainment, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M05000005666

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 605.0115, Flo	orida Statutes, the undersigned,
Virginia Tee, Esq.	, hereby resigns as
Name of Registered Agent	, , ,
Registered Agent for Ginn Sports Enter	tainment, LLC
Name of Limited L	iability Company,
M05000005666	
Document Number, if known	
A copy of this resignation was mailed to the above	e listed limited liability company at its last known address.
The agency is terminated and the office discontinu	ned on the 31st day after the date on which this statement is filed.
\mathscr{N}_{i} .	' Tan
Sign	nature of Resigning Agent
If signing on behalf of an entity:	
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	or Printed Name
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Ca	A. apacity
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FILING FEE \$ 85.00 Ac	:S: tive limited liability company Iministratively dissolved/ voluntarily dissolved/
\$ 25.00 Ac	Iministratively dissolved/voluntarily dissolved/ ithdrawn limited liability company

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