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(City/State/Zip/Phone #)				
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M. MILLIGAN EXAMINER

MAR 1 0 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ginn Companies, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M05000007032

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

_{at} (386)

246-5859

Name of Person

Area Code Dayti

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ons of section 605.0115,	Florida Statutes, the ur	ndersigned,	
	Virginia Tee, E	sq.	, hereby resigns as	
	Name of Registered Agent	· · · · · · · · · · · · · · · · · · ·		
Registered Agent for _	The Ginn Com	panies, LLC		
	Name of Limite	d Liability Company		,
M0500000703	2			
Document N	lumber, if known	_		
A copy of this resignat	ion was mailed to the abo	ove listed limited liabil	ity company at its last knov	wn address.
The agency is terminat	ed and the office discont	inued on the 31st day a	fter the date on which this	statement is filed
		Vigina d	ree	
If signing on behalf of	an entity:	Signature of Resigning Age	nt	
	Tim	ed or Printed Name	7EE_	B 28
		R.A	: 2 	
		Capacity		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissolve bility company	·d/

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