

W299000000117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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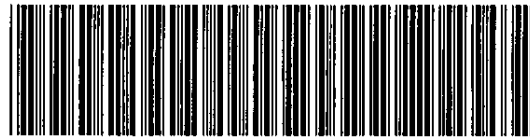
(Business Entity Name)

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M. MILLIGAN  
EXAMINER

MAR 10 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hammock GP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M99000000117

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 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

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

Virginia Tee, Esq.

, hereby resigns as

Name of Registered Agent

Registered Agent for

Hammock GP, LLC

Name of Limited Liability Company

M99000000117

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.

*Virginia Tee*  
Signature of Resigning Agent

If signing on behalf of an entity:

VIRGINIA TEE  
Typed or Printed Name

R.A.  
Capacity

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14 FEB 28 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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