

✓ W299000000117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$25
max

Office Use Only



700253947877

03/05/14--01032--002 **6265.00

FILED
14 FEB 28 AM 11:46
RECEIVED
TOLSON

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

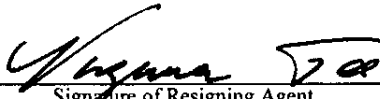
Name of Limited Liability Company

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.


Signature of Resigning Agent

If signing on behalf of an entity:

VIRGINIA TEE
Typed or Printed Name
R.A.
Capacity

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

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