

L14000181335

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MAIL

(Business Entity Name)

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J. J. EGGETT
JUN 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMC CLASSICS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000181335

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:

TOM J. MAUOS, Esq.
Name of Person

MAUOS SCHEUK PL
Name of Firm/Company

1001 BRICKELL BAY DRIVE
Address

MIAMI FLORIDA 33131
City/State and Zip Code

sws@msworldlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHAN SCHEUK at (305) 341 3100
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

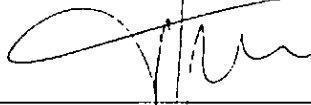
MANOS SCHEUK PL hereby resigns as
Name of Registered Agent

Registered Agent for AMC CLASSICS LLC
Name of Limited Liability Company

L14000181335
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:

Manos Scheuk PL
Typed or Printed Name
Managing Member
Capacity

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withdrawn limited liability company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