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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
OCT 3 1 2008
EXAMINER

COVER LETTER

TO:		stration Section sion of Corporations				
SUBJ	IECT:	CLASSIC ESTATE				
		(Name o	f Limited Liability Co	ompany)		
The e		d member, managing memb	er or manager res	ignation and fee(s) are subn	nitted for	
Please	e return	all correspondence concer	ning this matter to):		
Ros	s H. i	Manella, Esq.				
	_	(Contact Person)				
Hins	haw	& Culbertson LLP				
		(Firm/Company)			~	
One	East	Broward Blvd., Suit	e 1010	_	2008 OCT 30 PM 12: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	tings.
		(Address)			CT :	Poline
Ft. L	.aude	erdale, FL 33301			30 P	
		(City/State and Zip Code)			LS I	in men
For fu	rther ir	nformation concerning this	matter, please call	:	25 26 RIDA	A. C.
Ros		Manella, Esq.	at (954	<u>, 467-7900</u>		
	(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Num	ber)	
Enclo	sed ple	ase find a check made paya \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
		Section		Registration Section		
		Corporations		Division of Corporations		
	n Build			P.O. Box 6327		
		ve Center Circle Florida 32301		Tallahassee, Florida 3231	4	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as ASSIC ESTATE HON		s of the Florida Department		
2. This limited liab	pility company was organized	l under the laws of:			
3. The Florida doc L04000084	ument/registration number of 4034	this limited liability cor	mpany is:		
4. I. NEIL SMILEY		, hereby resign as a	, hereby resign as a Manager (Print Title)		
(Print N	lame of Person Resigning)		(Print Title)		
resignation in wr	July 1		any has been notified of my		
Signature of Res	igning Member, Managing M	lember or Manager	2008 SECI TALL/		
Filing Fee:	\$25.00 (Required)			O's Table	
Certified Copy:	\$30.00 (Optional)		2008 OCT 30 PM 12: 2 SECRETARY OF STATE ALLAHASSEE, FLORID		