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COVER LETTER

Registration Section TO: **Division of Corporations**

Amclass LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason C Hunsberger

Name of Person

Classic USVI

Firm/Company

5143 Palm Passage, Suite 5

Address

ST Thomas / VI / 00802

City/State and Zip Code

classicusvi@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason C Hunsberger

904 410 8390

Name of Person

at (Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E141 (2/14)

STATEMENT OF TERMINATION

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Pursuant to section 605.0709(7), Florida Statute		nt of Termination:
FIRST: The name of the limited liability comp	pany is:	
SECOND: The Florida Document number of	the limited liability company is: $\frac{151000}{1000}$	000 134 536 134536-
THIRD : The date of filing of the initial article	es of organization is: <u>Aug</u> , 6, 2015	
FOURTH: The date of filing of the dissolutio	n is:3/19/2016	·
FIFTH: This limited liability company has co that it will file a statement of termination.	empleted winding up its activities and affai	16 MAR
Signature of Authorized Representative	Jason C Hunsberger Typed or printed name of signature	22 PH 5: 21

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Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

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