

L16 0000 55019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

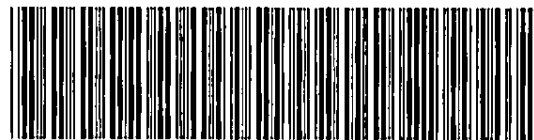
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV 12 PM 2:59

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DEC 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clasico Holdings LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Smith

Name of Person

SmithLaw

Firm/Company

5391 Lakewood Ranch Blvd N 203

Address

Sarasota, FL 34240

City/State and Zip Code

smith@chrissmith.com

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

For further information concerning this matter, please call:

Chris Smith

Name of Person

941

at (_____)_____
Area Code

202-2222

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Clasico Holdings LLC

SECOND: The Florida Document number of the limited liability company is: L16000055019

THIRD: The street address of the limited liability company's principal office is:

770 South Palm Ave #1601

Sarasota, FL 34236

The mailing address of the limited liability company's principal office is:

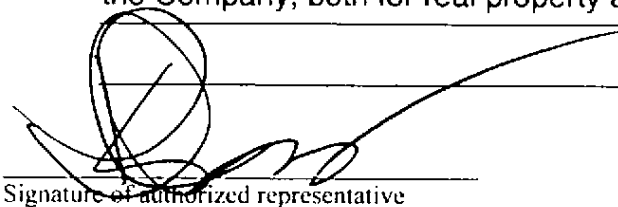
770 South Palm Ave #1601

Sarasota, FL 34236

FOURTH: The date the statement of authority became effective is: April 26, 2016

FIFTH:

The amendment to the statement of authority is
to remove Rafaele S. Perna as an authorized signer or agent of
the Company, both for real property and for other transactions.



Signature of authorized representative

Ken Paslaqua

Typed or printed name of signature

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

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