## 19900000190

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SEP 29 PM 3: 39



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CLASSICAL 1360, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L9900000190
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:
Anthony T. Lepore, Esq. (Name of Person)
(Name of Firm/Company)
P.O. Box 823662
(Address)
South Florida, FL 33082-3662 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony T. Lepore at ( 954 ) 433-2126 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	
Anthony T. Lepo	re	, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for	Classical 1360, LLC		······································
	(Name of Limited Liability Con	npany)	
L99000000190			
(Document No	umber, if known)	•	
A copy of this resigna	tion was mailed to the above listed limi	ited liability company at its last know	n address.
The agency is termina	ted and the office discontinued on the interest of Resigning	· · · · · · · · · · · · · · · · · · ·	06 SEP
If signing on behalf of	f an entity:	ame)	FILED 29 PH 3: 35 TARY OF STATI
	(Capacity)		<b>D</b> FT <b>3</b>

### 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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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