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COVER LETTER

	istration ision of C	Section Corporations			
SUBJECT:	Classi	c Neighborhood Partne			
		(Name of For	eign Limited Liabi	lity Co	ompany)
Dear Sir or M	Madam:				
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.		
Please return	all corre	spondence concerning this	matter to the follow	wing:	
John Burc	hfield				
		(Name of Person)			
Classic No	eighborl	hood Partners, LLC			
		(Firm/Company)			
1111 N Pc	ost Oak	Rd (Address)			
Houston,	TX 770	55			
		(City/State and Zip Cod	е)		
For further in	nformatio	n concerning this matter, p	lease call:		
John Burcl			at (713)_	316-3128
	(Nai	ne of Person)	(Area Co	de & D	aytime 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			
Enclosed is	a check f	or the following amount:			
□ \$25 Filing	g Fee	☐\$30 Filing Fee & Certificate of Status	⊠\$55 Filing Fee Certified Copy		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Classic Neighborhood Partners, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0600000816
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1111 N Post Oak Rd
(Mailing address)
Houston, TX 77055
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Signature of member or authorized representative of a member)
John Burchfield
(Typed or printed name of signee)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Filing Fee: \$25.00