

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119730

**FILED  
Feb 09, 2010  
Secretary of State**

**Entity Name:** LOST CLASSICS LLC

**Current Principal Place of Business:**

411 NORTH WALES DRIVE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 NORTH WALES DRIVE  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 27-1492041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FITTERLING, MICHAEL A  
411 NORTH WALES DRIVE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FITTERLING, MICHAEL A  
**Address:** 411 NORTH WALES DRIVE  
**City-St-Zip:** LAKE WALES, FL 33853 US

**Title:** MGR  
**Name:** FITTERLING, ANDREA K  
**Address:** 411 NORTH WALES DRIVE  
**City-St-Zip:** LAKE WALES, FL 33853 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL A FITTERLING      MGRM      02/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date