

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028032

**Entity Name:** CLASSIC RESTORATION LLC

**Current Principal Place of Business:**

17961 W APSHAWA RD  
MINNEOLA, FL 34715

**Current Mailing Address:**

17961 W APSHAWA RD  
MINNEOLA, FL 34715

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COLETTA, MICHAEL  
17961 W APSHAWA RD  
MINNEOLA, FL 34715 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name COLETTA, MICHAEL  
Address 17961 W APSHAWA RD  
City-State-Zip: MINNEOLA FL 34715

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL COLETTA

MGRM

01/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date