

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000253075

**Entity Name:** CLASSIC PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

7716 ROCK PALM AVE  
101  
TAMPA, FL 33615

**Current Mailing Address:**

PO BOX 2263  
RIVERVIEW, FL 33568 US

**FEI Number:** 85-2561015

**Certificate of Status Desired:** No

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

WILLIAMS, FELICIA L  
7716 ROCK PALM AVE  
101  
TAMPA, FL 33615 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:** FELICIA L WILLIAMS

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |                 |                     |
|-----------------|---------------------------|-----------------|---------------------|
| Title           | AUTHORIZED MEMBER         | Title           | OWNER               |
| Name            | GARDNER, KEILICIA         | Name            | WILLIAMS, FELICIA L |
| Address         | PO BOX 2263               | Address         | PO BOX 2263         |
| City-State-Zip: | RIVERVIEW FL 33568        | City-State-Zip: | RIVERVIEW FL 33568  |
|                 |                           |                 |                     |
| Title           | AUTHORIZED REPRESENTATIVE |                 |                     |
| Name            | LEE, CORNELIUS P          |                 |                     |
| Address         | PO BOX 2263               |                 |                     |
| City-State-Zip: | RIVERVIEW FL 33568        |                 |                     |

*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:** FELICIA L WILLIAMS

OWNER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date