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Secretary of State
04-07-2003 90763 025 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30049601

DOCUMENT # L02000022116

1. Entity Name
CLASSIC CONSTRUCTION ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351	4850 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351

2. Principal Place of Business	3. Mailing Address
	2702 N. DALE MABRY HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33607 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MA, M.H. MICHAEL
4850 N UNIVERSITY DRIVE
LAUDERHILL, FL 33351

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MA, M.H. MICHAEL 4850 N UNIVERSITY DRIVE LAUDERHILL, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4/2/3 (813)998-9228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #