


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90146 038 ****50.00

DOCUMENT # L03000036183 1. Entity Name CLASSIC FIRE, LLC																			
Principal Place of Business 4534 W. HWY 40 OCALA, FL 34482		Mailing Address 4534 W. HWY 40 OCALA, FL 34482																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 4529 Suite, Apt. #, etc.																	
City & State Ocala, FL		4. FEI Number 06-1709279																	
Zip 34478-4529		Country USA																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent SIMONS, GARY C ESQ 121 NW THIRD STREET OCALA, FL 34475		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MGRM</td> </tr> <tr> <td>STREET ADDRESS</td> <td>James White 4534 W. Hwy 40 Ocala, FL 34482</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MGRM	STREET ADDRESS	James White 4534 W. Hwy 40 Ocala, FL 34482	CITY-ST-ZIP	
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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: <u>James E. White</u> James E. White <u>2/26/04</u> <u>352 351-1347</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																			