

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 014 \*\*\*\*50.00

**DOCUMENT # L03000036183**

1. Entity Name  
**CLASSIC FIRE, LLC**



Principal Place of Business

**4534 W. HWY 40  
OCALA, FL 34482**

Mailing Address

**PO BOX 4529  
OCALA, FL 34478**

200036183



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**06-1709279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIMONS, GARY C ESQ  
121 NW THIRD STREET  
OCALA, FL 34475**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, JAMES 4534 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, DANIEL 4534 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIGLE, JAMES 4534 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EWERS, BRADLEY 4534 W HWY 40 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**James E. White**

**1/19/05**

Date

**352-351-1347**

Daytime Phone #