

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90441 036 ****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**

60031415



03022007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

03/27/07 06:18:09 150.00

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/14/07

Date

352-351-1347

Daytime Phone #