

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078382

**FILED**  
**Apr 21, 2009**  
**Secretary of State**

**Entity Name:** CLASSIC INTERIOR SOLUTIONS, LLC

**Current Principal Place of Business:**

1665 BRIDGEWATER DR.  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

7025 CR 46A, STE 1071 #304  
HEATHROW, FL 32746

**New Mailing Address:**

FEI Number: 41-2259743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GILES, GAYLE P  
120 INTERNATIONAL PARKWAY  
SUITE 184  
HEATHROW, FL 32746 US

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

GILES, GAYLE P  
1665 BRIDGEWATER DRIVE  
HEATHROW, FL 32746 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/21/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GILES, GAYLE P  
Address: 120 INTERNATIONAL PARKWAY, SUITE 184  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILES, GAYLE P  
Address: 1665 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GAYLE GILES

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date