

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021888

FILED
Mar 20, 2009
Secretary of State

Entity Name: KLASSIC BUSINESS CONCEPTS, LLC

Current Principal Place of Business:

2550 COVER LANE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

2550 COVER LANE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 74-3253054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLASS, SHARON
2550 COVER LANE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

KLASS, SHARON CEO
2550 COVER LANE
NORTH PORT, FL 34286 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: SHARON KLASS

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLASS, SHARON
Address: 2550 COVER LANE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON KLASS

CEO

03/20/2009

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