

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079292

Entity Name: CLASSY N' SASSY LLC

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

2780 PERSIMMON LOOP
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

2780 PERSIMMON LOOP
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 26-3056618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NANGEL, CAROL DIANN
2780 PERSIMMON LOOP
THE VILLAGES, FL 32162 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NANGLE, CAROL DIANN
Address: 2780 PERSIMMON LOOP
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: REEDY, JOANN L
Address: 2757 PERSIMMON LOOP
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: BRAY, MARGARET K
Address: 2768 PERSIMMON LOOP
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES:

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

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

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: CAROL DIANN NANGLE

MGRM

05/06/2009

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