

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093339

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** CLASSIC AUTO RESTORE, LLC

**Current Principal Place of Business:**

7416 ISLE DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

6230 STONE ROAD  
SUITE C  
PORT RICHEY, FL 34668

**Current Mailing Address:**

PO BOX 1118  
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** 26-3470473      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DUFOUR, THOMAS J  
7416 ISLE DRIVE  
PORT RICHEY, FL 34668      US

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

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  
**Name:** DUFOUR, THOMAS J  
**Address:** 7416 ISLE DRIVE  
**City-St-Zip:** PORT RICHEY, FL 34668

**Title:** MGRM  
**Name:** HIGGINS, CAREY A  
**Address:** 7416 ISLE DRIVE  
**City-St-Zip:** PORT RICHEY, FL 34668

I hereby 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:** THOMAS J DUFOUR

MGRM

02/26/2010

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