

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029148

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** CLASSIC GOLD BUYERS LLC

**Current Principal Place of Business:**

1191 SW LIVE OAK COVE  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1191 SW LIVE OAK COVE  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY, SCOTT  
1191 SW LIVE OAK COVE  
PORT ST LUCIE, FL 34986 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: MGR  
Name: JEFFRIES, LISA  
Address: 1191 SW LIVE OAK COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PRES  
Name: LEVY, SCOTT  
Address: 1191 SW LIVE OAK COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

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: SCOTT LEVY

DIR

01/13/2012

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