

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030216

Entity Name: CLASSIC STYLES, LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5716 NORTH UNIVERSITY DR.  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

3155 HOLIDAY SPRINGS BLVD  
APT 9  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 27-2146786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OGET, EREN J  
3155 HOLIDAY SPRINGS BLVD  
APT9  
MARGATE, FL 33063 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: OGET, EREN J  
Address: 3155 HOLIDAY SPRINGS BLVD A 9  
City-St-Zip: MARGATE, FL 33063

Title: MGRM  
Name: BAYARRE, NORGE  
Address: 3155 HOLIDAY SPRINGS BLVD A 9  
City-St-Zip: MARGATE, FL 33063

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: EREN OGET

MGR

02/09/2012

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