

L10000 105764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 01 2019
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSIC MANAGEMENT LLC - change of address
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIMON M SMITH
Name of Person

CLASSIC MANAGEMENT LLC
Firm/Company

1536 SUNRISE PLAZA Ste 100
Address

DELMONT FL 34714
City/State and Zip Code

SIMON.M.SMITH@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simon Smith at (863) 837-9472
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CLASSIC MANAGEMENT LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
1536 SUNRISE PLAZA STE 100
CLERMONT FL 34714

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
1536 SUNRISE PLAZA STE 100
CLERMONT FL 34714

3. 10/11/2010
Date of filing/registration in Florida

4. L1000010564
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SIMON M SMITH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
101 LAKE DAVENPORT BLVD
DAVENPORT, FL 33897

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

SIMON M SMITH
NEW Registered Office Address:
1536 SUNRISE PLAZA STE 100
CLERMONT, FL 34714

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2016 JUN -1 AM 6:12
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

SIMON M SMITH
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent