

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030216

**Entity Name:** CLASSIC STYLES, LLC

**Current Principal Place of Business:**

5867 NORTH UNIVERSITY DR.  
TAMARAC, FL 33321

**Current Mailing Address:**

3155 HOLIDAY SPRINGS BLVD  
APT 9  
MARGATE, FL 33063

**FEI Number:** 27-2146786

**Certificate of Status Desired:** No

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

OGET, EREN J  
3155 HOLIDAY SPRINGS BLVD  
APT9  
MARGATE, FL 33063 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:** EREN J OGET

01/22/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGR                           | Title           | MGRM                          |
| Name            | OGET, EREN J                  | Name            | BAYARRE, NORGE                |
| Address         | 3155 HOLIDAY SPRINGS BLVD A 9 | Address         | 3155 HOLIDAY SPRINGS BLVD A 9 |
| City-State-Zip: | MARGATE FL 33063              | City-State-Zip: | MARGATE FL 33063              |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EREN OGET

MGB

01/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date