

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005639

**Entity Name:** RED CLASSIC TRANSIT, LLC

**Current Principal Place of Business:**

920-D BLACK SACHEL ROAD  
CHARLOTTE, NC 28216

**Current Mailing Address:**

PO BOX 31487  
CHARLOTTE, NC 28231

**FEI Number:** 27-4005092

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            DROGAN, RONALD D JR.  
Address        920-D BLACK SACHEL ROAD  
City-State-Zip: CHARLOTTE NC 28216

Title            DIR  
Name            FLINT, HENRY W  
Address        4100 COCA COLA PLAZA  
City-State-Zip: CHARLOTTE NC 28211

Title            VPS  
Name            HARRIS, JAMES EJR  
Address        4100 COCA COLA PLAZA  
City-State-Zip: CHARLOTTE NC 28211

Title            VPS  
Name            KASBEKAR, UMESH M  
Address        4100 COCA COLA PLAZA  
City-State-Zip: CHARLOTTE NC 28211

*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:** RONALD D. DROGAN, JR.

**PRESIDENT**

**04/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date