

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053138

FILED
Mar 04, 2008
Secretary of State

Entity Name: COLLISION CONCEPTS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

1208 GEORGIA STREET
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

20352 HACIENDA CT.
BOCA RATON, FL 33498

New Mailing Address:

10018 SPANISH ISLES BLVD
A49
BOCA RATON, FL 33498

FEI Number: 20-3004770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTELA, EDWARD
20352 HACIENDA CT.
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

ISRAEL, SCHWARTZ
10018 SPANISH ISLES BLVD
A49
BOCA RATON, FL 33498 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: ISRAEL SCHWARTZ

03/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: QUINTELA, EDWARD
Address: 20352 HACIENDA CT.
City-St-Zip: BOCA RATON, FL 33498

Title: VP (X) Delete
Name: SCHWARTZ, ISRAEL
Address: 10018 SPANISH ISLES SUITE A49
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: SCHWARTZ, ISRAEL
Address: 10018 SPANISH ISLES BLVD A49
City-St-Zip: BOCA RATON, FL 33498

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ISRAEL SCHWARTZ

P

03/04/2008

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