2006 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT DOCUMENT # L05000001029 01-09-2006 90050 021 ****50.00 RACHEL'S COLLISION CENTER LLC Principal Place of Business Mailing Address 20000182 917A WEST OAKLAND AVE PO BOX 1237 OAKLAND, FL 34760 OAKLAND, FL 34760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2113064 , Not Applicable Zio Country Country Zip \$5.00 Additional . 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARAMSADKAR, RACHEL Street Address (P.O. Box Number is Not Acceptable) 917A WEST OAKLAND AVE. OAKLAND, FL 34760 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed nerve of registered agent and ide if applicable. (NOTE: Registered Agent signeture required when reinszeting) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES managing member fitt F TITE F ☐ Delete ☐ Change Addition rachet kairam sad kar MALE NAME 1124 Brick Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Winter Forden, FL TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Charne ☐ Addition NAME MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE - Delete TITLE -☐ Change — ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete ☐ Change Add:tion NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME HALE STREET ADDRESS STREET ADDRESS

FILED Feb 02, 2006 8:00 am

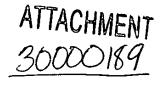
1/6/06 407-905-2885

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

CITY-ST-ZIP

CITY-ST-ZIP





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 12, 2006

RACHEL''S COLLISION CENTER LLC PO BOX 1237 OAKLAND, FL 34760

Subject: RACHEL''S COLLISION CENTER LLC

Reference Number: L05000001029

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION