2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# L04000088152

Entity Name: COLLISION CARE OF PALMETTO, LLC

Current Principal Place of Business:

2200 HIGHWAY 301 NORTH
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

8849 COLLUMBIA ROAD
MAINEVILLE, OH 45039

New Mailing Address:

FEI Number: 84-1664909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEST, JAMES P JR.
2200 US HWY 301 N
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	THEOBALD, GREGORY M	
Address:	5362 VISTA POINT DR	
City-St-Zip:	MAINEVILLE, OH 45039	
Title:	MGRM	( ) Delete
Name:	TIGHE, DEBORAH A	
Address:	PO BOX 309	
City-St-Zip:	MAINEVILLE, OH 45039	
Title:	MGRM	( ) Delete
Name:	THEOBALD, STEVEN G	
Address:	2115 FOSTER MAINEVILLE	
City-St-Zip:	MORROW, OH 45152	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JIM WEST CEO 08/17/2009

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