

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088152

FILED
Apr 28, 2011
Secretary of State

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 COLUMBIA ROAD
MAINEVILLE, OH 45039

New Mailing Address:

FEI Number: 84-1664909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: THEOBALD, GREGORY M
Address: 5362 VISTA POINT DR
City-St-Zip: MAINEVILLE, OH 45039

Title: MGRM
Name: TIGHE, DEBORAH A
Address: PO BOX 309
City-St-Zip: MAINEVILLE, OH 45039

Title: MGRM
Name: THEOBALD, STEVEN G
Address: 2115 FOSTER MAINEVILLE
City-St-Zip: MORROW, OH 45152

I hereby 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

04/28/2011

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