

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002992

Entity Name: CERTIFIED COLLISION EXPERTS, LLC

Current Principal Place of Business:

1217 S. FEDERAL HWY.
STUART, FL 34994

Current Mailing Address:

1217 S. FEDERAL HWY.
STUART, FL 34994

FEI Number: 20-0596533

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, MARTHA
2301 SE SHELTER DRIVE
PORT SAINT LUCIE, FL 34952 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 MGR
Name LEBLANC, GEORGE RSR
Address 1217 S. FEDERAL HWY.
City-State-Zip: STUART FL 34994

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: GEORGE RSR LEBLANC

MANAGER

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date