

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088152

**Entity Name:** COLLISION CARE OF PALMETTO, LLC

**Current Principal Place of Business:**

2200 HIGHWAY 301 NORTH  
PALMETTO, FL 34221

**Current Mailing Address:**

8849 COLLUMBIA ROAD  
MAINEVILLE, OH 45039

**FEI Number:** 84-1664909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEST, JAMES PJR.  
2200 US HWY 301 N  
PALMETTO, FL 34221 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 MGRM  
Name THEOBALD, GREGORY M  
Address 5362 VISTA POINT DR  
City-State-Zip: MAINEVILLE OH 45039

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

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THEOBALD, STEVEN G

MGRM

03/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date