## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0500001029

Entity Name: RACHEL'S COLLISION CENTER LLC

## **Current Principal Place of Business:**

917A WEST OAKLAND AVE OAKLAND, FL 34760

## **Current Mailing Address:**

PO BOX 1237 OAKLAND, FL 34760

# FEI Number: 20-2113064

### Name and Address of Current Registered Agent:

FAULKNER, RACHEL 917A WEST OAKLAND AVE. OAKLAND, FL 34760 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: RACHEL FAULKNER

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGRM Name FAULKNER, RACHEL Address 5125 City-State-Zip: WINDERMERE FL 34786

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: RACHEL FAULKNER

OWNER

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 18, 2023 Secretary of State 8169939183CC

Certificate of Status Desired: No

01/18/2023

Date

Date