

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001029

**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

**Certificate of Status Desired:** No

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FAULKNER, RACHEL  
Address 15555 HAMLIN BLOSSOM AVE  
City-State-Zip: WINTER GARDEN FL 34787

*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**

**02/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date