

2017 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 PO BOX 1331
City-State-Zip: OAKLAND FL 34760

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

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date