

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042844

**FILED  
Jan 08, 2015  
Secretary of State  
CC3001972142**

**Entity Name:** THE COLLECTION CERTIFIED COLLISION CENTER, LLC

**Current Principal Place of Business:**

% KEN GORIN, MANAGER  
200 BIRD ROAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

% KEN GORIN, MANAGER  
200 BIRD ROAD  
CORAL GABLES, FL 33146

**FEI Number:** 65-1035297

**Certificate of Status Desired:** No

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

FEUERMAN, JONATHAN ESQ.  
THERREL BAISDEN, P.A., SUNTRUST INTL CTR  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI, FL 33131 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            GORIN, KENNETH T  
Address        200 BIRD RD  
City-State-Zip: CORAL GABLES FL 33146

Title            VP  
Name            LAWRENCE, RUSTIN  
Address        200 BIRD RD  
City-State-Zip: CORAL GABLES FL 33146

*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:** LAWRENCE RUSTIN

**VICE-PRESIDENT**

**01/08/2015**

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

\_\_\_\_\_  
Date