

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082989

Entity Name: S N G COLLISION CENTER, LLC.

Current Principal Place of Business:

5617 FUNSTON STREET
HOLLYWOOD, FL 33023

Current Mailing Address:

5617 FUNSTON STREET
HOLLYWOOD, FL 33023 US

FEI Number: 26-0712965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIKE'S TAX & ACCOUNTING, INC.
269 N. UNIVERSITY DRIVE
SUITE B
PEMBROKE PINES, FL 33024 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 GAZNELI, GABRIEL
Address 5617 FUNSTON STREET
City-State-Zip: HOLLYWOOD FL 33023

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: GABRIEL GAZNELI

MANAGING MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date