

**2015 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

**MANAGER**

**04/24/2015**

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

\_\_\_\_\_  
Date