### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010362

Entity Name: NORTHAMERICAN AUTOMOTIVE FORENSIC CONSULTANTS

LLC

Mar 16, 2015 Secretary of State CC7869120054

**FILED** 

### **Current Principal Place of Business:**

8920 BRIDGEPORT BAY CIRCLE MT. DORA, FL 32757

# **Current Mailing Address:**

P O BOX 957

MOUNT DORA, FL 32756

FEI Number: 27-1789583 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102 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 Title MEMB

Name MANGINE, SHARON Name ROBERT, MANGINE

Address 8920 BRIDGEPORT BAY CIRCLE Address 8920 BRIDGEPORT BAY CIRCLE

City-State-Zip: MT. DORA FL 32757 City-State-Zip: MOUNT DORA FL 32757

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: SHARON. MANGINE

**MANAGER** 

03/16/2015