

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010362

**Entity Name:** NORTHAMERICAN AUTOMOTIVE FORENSIC CONSULTANTS  
LLC

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC0632321062**

**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  
Name            MANGINE, SHARON  
Address        8920 BRIDGEPORT BAY CIRCLE  
City-State-Zip: MT. DORA FL 32757

Title            MEMB  
Name            ROBERT, MANGINE  
Address        8920 BRIDGEPORT BAY CIRCLE  
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**

**03/16/2016**

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

\_\_\_\_\_  
Date