

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110018

**Entity Name:** BERACA AUTO COLLISION REPAIRS, LLC

**Current Principal Place of Business:**

1621 N. DIXIE HIGHWAY  
BAY C  
POMPAÑO BEACH, FL 33060

**Current Mailing Address:**

C/O ALFA & OMEGA PARALEGAL GROUP  
7401 WILES ROAD 142  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 27-5235847

**Certificate of Status Desired:** Yes

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

ALFA & OMEGA PARALEGAL GROUP C/O EMILIA M.  
WHISPERING WOODS CENTER  
7401 WILES ROAD 142  
CORAL SPRINGS, FL 33067 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 P  
Name MENDOZA, JAMES  
Address 1621 N. DIXIE HIGHWAY  
BAY C  
City-State-Zip: POMPAÑO BEACH FL 33060

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES MENDOZA

**PRESIDENT**

**03/25/2013**

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

\_\_\_\_\_  
Date