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: DIANA SEPE

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

Title	MGRM	Title	PRESIDENT
Name	SEPE, DIANA	Name	SEPE, GREGORY
Address	1 LINTON BLVD. # 5&6	Address	1 LINTON BLVD 5&6
City-State-∠ip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444

I

Authorized Person(s) Detail :				
Title	MGRM	Title	PRESIDENT	
Name	SEPE, DIANA	Name	SEPE, GREGORY	
Address	1 LINTON BLVD. # 5&6	Address	1 LINTON BLVD	
City-State-Zip:	DELRAY BEACH FL 33444	City State Zin		

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.

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000094563

Entity Name: 667 CLASSIC COLLISION LLC

Current Principal Place of Business:

1 LINTON BLVD. # 5&6 DELRAY BEACH, FL 33444

Current Mailing Address:

1 LINTON BLVD. # 5&6 DELRAY BEACH, FL 33444 US

FEI Number: 46-3225091

SIGNATURE:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

Date

Certificate of Status Desired: No

12/05/2023 Date