

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000151799

Entity Name: COLLATERAL DAMAGE LLC

Current Principal Place of Business:

1242 S COVE CAMP PT
INVERNESS, FL 34450

Current Mailing Address:

6118 W CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429

FEI Number: 81-3562100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, LOU ANN
1242 S COVE CAMP PT
INVERNESS, FL 34450 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 | MANAGER |
| Name | JACOBS, LOU ANN | Name | WILLCUT, KEMPER |
| Address | 1242 S. COVECAMP POINT | Address | 1242 S COVE CAMP PT |
| City-State-Zip: | INVERNESS FL 34450 | City-State-Zip: | INVERNESS FL 34450 |

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: LOU ANN JACOBS

OWNER

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date