

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000207160

**Entity Name:** TECHNICAL COLLISION SPECIALIST LLC

**Current Principal Place of Business:**

4340 CARAMBOLA CIRCLE NORTH  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

4340 CARAMBOLA CIRCLE NORTH  
COCONUT CREEK, FL 33066 US

**FEI Number:** 84-2779549

**Certificate of Status Desired:** No

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

SALOMON, MITCHELL  
4340 CARAMBOLA CIRCLE NORTH  
COCONUT CREEK, FL 33066 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 AP  
Name SALOMON, MITCHELL  
Address 4340 CARAMBOLA CIRCLE NORTH  
City-State-Zip: COCONUT CREEK FL 33066

Title AMBR  
Name SALOMON, MITCHELL  
Address 4340 CARAMBOLA CIRCLE NORTH  
City-State-Zip: COCONUT CREEK FL 33066

*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:** SALOMON , MITCHELL

**PRESIDENT**

**03/02/2020**

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

\_\_\_\_\_  
Date