

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000496283

**Entity Name:** ORLANDO COLLISION & AUTO CUSTOMS LLC

**Current Principal Place of Business:**

1329 W PINE ST  
ORLANDO, FL 32805

**Current Mailing Address:**

1329 W PINE ST  
ORLANDO, FL 32805

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PAREDES, XAVIER  
1329 W PINE ST  
ORLANDO, FL 32805 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	AMBR	Title	AMBR
Name	PAREDES, XAVIER	Name	CARPIO, DANIEL L
Address	1329 W PINE ST	Address	1329 W PINE ST
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32805

*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:** XAVIER PAREDES

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date