
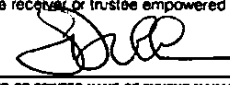


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-26-2007 90048 015 \*\*\*\*55.00

<b>DOCUMENT # L00000004315</b>			
1. Entity Name FORT MYERS COLLISION CENTER, LLC			
Principal Place of Business 12490 METRO PARKWAY FORT MYERS, FL 33912 US		Mailing Address 13880 S. TAMiami TRAIL FORT MYERS, FL 33912 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. FORT LAUDERDALE, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, B. SCOTT 4516 BELKNAP RD. CHARLOTTE, NC 28211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IUPPENLATZ, MARK 2911 PROVIDENCE TRL LN CHARLOTTE, NC 28270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLINS, MIKE 3905 W VASCONIA ST TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBLER, SCOTT 2125 LARCHWOOD CT NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			
SIGNATURE:  DATE _____ DAYTIME PHONE # _____			

40121852



05172007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3659948

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required