

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004315

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORT MYERS COLLISION CENTER, LLC

Current Principal Place of Business:

12490 METRO PARKWAY
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

13880 S. TAMIAMI TRAIL
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-3659948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUSS, JOHN
Address: 19629 SCHOONER RD
City-St-Zip: CORNELIUS, NC 28031

Title: MGRM () Delete
Name: COSPER, DAVID
Address: 5014 FAIRLAWN CRESCENT
City-St-Zip: CHARLOTTE, NC 28226

Title: MGRM () Delete
Name: MULLINS, MIKE
Address: 3905 W VASCONIA ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: DOBLER, SCOTT
Address: 2125 LARCHWOOD CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: AS () Delete
Name: MULLINS, MIKE
Address: 3905 W VASCONIA ST
City-St-Zip: TAMPA, FL 33629

Title: ASAT () Delete
Name: O'CONNER, JOSEPH
Address: 7200 GRAYBREARD CT
City-St-Zip: CHARLOTTE, NC 28226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SCOTT DOBLER

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date