2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2010
Secretary of State

DOCUMENT# L00000004315

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: MGR
Name: SMITH, SCOTT B
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: MGR
Name: SMITH, DAVID B
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: MGR
Name: COSPER, DAVID P
Address: 5401 E INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

I hereby 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 Statues.

SIGNATURE: DAVID P COSPER MGR 01/27/2010

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