

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90752 010 ****50.00

DOCUMENT # **LO2000005330**

1. Entity Name

AUTO REPAIR ESTIMATE ADVISORS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1263-10th STREET

Suite, Apt. #, etc.

3. Mailing Address

1263-10th STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

04-3600707

Applied For

Not Applicable

Zip

33403

Country

PALM BEACH

Zip

33403

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY J. DALBON

Street Address (P.O. Box Number is Not Acceptable)

4373 DAFFODIL CIRCLE SOUTH

City

PALM BEACH GARDENS

FL

Zip Code

33410

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

Signature, typed or printed name of registered agent and title if applicable.

4/9/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

MICHAEL M. MUNSON

STREET ADDRESS

11210 154th ROAD

CITY - ST - ZIP

JUPITER, FL 33478

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Michael Munson

MICHAEL M. MUNSON

4/9/03

561-472-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)