2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L02000007995

Entity Name: COLLISION CENTER OF PINELLAS COUNTY, LLC

Current Principal Place of Business:

2300 DREW ST
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2300 DREW ST
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 04-3636913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FINK, SCOTT
3030 TURTLE BROOK
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

MCCABE, TIM
2351 MESSENGER CIRCLE
SAFETY HARBOR, FL 34695 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: TIM MCCABE 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: S&T COLLISON ENTERPR, ISES INC
Address: 2300 DREW ST
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

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: TIM MCCABE MGR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date