

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007995

FILED
Mar 17, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: S&T COLLISION 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: S & T COLLISION ENTERPRISES INC

MGMR

03/17/2008

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