2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009603

1. Entity Name

AM-FOR COLLISION SPECIALISTS, LLC



Principal Place of Business

8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455 US Mailing Address

8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455 U FILED
Feb 08, 2007 08:00 A
Secretary of State



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01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1658604 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DITCHKUS, MARK 8072 SE WINDJAMMER WAY HOBE SOUND, FL 33455

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	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registere	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
D	lling Fee is \$50.00 ue by May 1, 2007		(a)	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR		lia.	
NAME	ALL FOR COLLISION		ا الله الإيال علي موادي	
STREET ADDRESS	227 JUPITER ST.		્રેસ કે	
CITY-ST-ZIP	JUPITER, FL 33458			U00000627482

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1-29-0

Date

Onytime Phone #