

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000049735

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** COLLISION CENTER OF PASCO COUNTY, LLC

**Current Principal Place of Business:**

6415 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

6415 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 20-0481965

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:**

KILLGORE PEARLMAN STAMP ORNSTEIN & SQUIRES  
2 SOUTH ORANGE AVENUE  
5TH FLOOR  
ORLANDO, FL 32801 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: CHRISTOPHER W HAYES FOR KILLGORE PEARLMAN

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FINK, SCOTT  
Address: 6415 US HIGHWAY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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 Statutes.

SIGNATURE: SCOTT FINK

MGR

04/20/2012

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