

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054770

**Entity Name:** STAR COLLISION CENTER, L.L.C.

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

3550 WEST 13TH STREET  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 700667  
SAINT CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 20-0541337

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RITCH, JOHN B  
100 CHURCH STREET  
KISSIMMEE, FL 34741 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: STARLING, ALAN C  
Address: PO BOX 700667  
City-St-Zip: SAINT CLOUD, FL 34770

**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 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 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: ALAN C STARLING

MGRM

04/19/2005

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