

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015125

Entity Name: TCB COLLISION REPAIR, LLC

FILED
Jan 22, 2006
Secretary of State

Current Principal Place of Business:

1425 SW 4TH PLACE
CAPE CORAL, FL 33991

New Principal Place of Business:

3061 GOLDENROD STREET
SARASOTA, FL 34239

Current Mailing Address:

1425 SW 4TH PLACE
CAPE CORAL, FL 33991

New Mailing Address:

3061 GOLDENROD STREET
SARASOTA, FL 34239

FEI Number: 51-0499514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOTSON, KATHLEEN G
1425 SW 4TH PLACE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

DOTSON, KATHLEEN G
3061 GOLDENROD STREET
SARASOTA, FL 34239 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:

01/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOTSON, KATHLEEN
Address: 1425 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM () Delete
Name: DOTSON, CURT
Address: 1425 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOTSON, KATHLEEN G
Address: 3061 GOLDENROD STREET
City-St-Zip: SARASOTA, FL 34239

Title: MGRM (X) Change () Addition
Name: DOTSON, CURT
Address: 3061 GOLDENROD STREET
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN G. DOTSON

MGRM

01/22/2006

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