

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015125

FILED
Apr 30, 2007
Secretary of State

Entity Name: TCB COLLISION REPAIR, LLC

Current Principal Place of Business:

3061 GOLDENROD STREET
SARASOTA, FL 34239

New Principal Place of Business:

6842 ABELSON AVENUE
NORTH PORT, FL 34286 US

Current Mailing Address:

3061 GOLDENROD STREET
SARASOTA, FL 34239

New Mailing Address:

6842 ABELSON AVENUE
NORTH PORT, FL 34286 US

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
3061 GOLDENROD STREET
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

DOTSON, KATHLEEN G
6842 ABELSON AVENUE
NORTH PORT, FL 34286 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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOTSON, KATHLEEN G
Address: 6842 ABELSON AVENUE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM (X) Change () Addition
Name: DOTSON, CURT
Address: 6842 ABELSON AVENUE
City-St-Zip: NORTH PORT, FL 34286

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: KATHLEEN G DOTSON

MGRM

04/30/2007

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