

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026779

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: DANNY'S COLLISION AND CUSTOM, LLC

**Current Principal Place of Business:**

765 EAST WASHINGTON STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

765 EAST WASHINGTON ST  
MONTICELLO, FL 32344

**Current Mailing Address:**

765 EAST WASHINGTON STREET  
MONTICELLO, FL 32344

**New Mailing Address:**

765 EAST WASHINGTON ST  
MONTICELLO, FL 32344

FEI Number: 20-0980292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, DANIEL E  
765 EAST WASHINGTON STREET  
MONTICELLO, FL 32344 US

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

LEE, DANIEL E  
765 EAST WASHINGTON ST  
MONTICELLO, FL 32344 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:

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEE, DANIEL E  
Address: 765 EAST WASHINGTON STREET  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEE, DANIEL E  
Address: 765 EAST WASHINGTON ST  
City-St-Zip: MONTICELLO, FL 32344

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: DANIEL E. LEE

MGR

03/25/2009

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