

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088152

1. Entity Name
COLLISION CARE OF PALMETTO, LLC



Principal Place of Business
2200 HIGHWAY 301 NORTH
PALMETTO, FL 34221

Mailing Address
8849 COLUMBIA ROAD
MAINEVILLE, OH 45039

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032008 REIN-LLC CR2E101 (1/07)

4. FEI Number
84-1664909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, JAMES P JR.
2200 US HWY 301 N
PALMETTO, FL 34221

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME THEOBALD, GREGORY M
STREET ADDRESS 5362 VISTA POINT DR
CITY-ST-ZIP MAINEVILLE, OH 45039

TITLE ☐ Change ☐ Addition
NAME 800137836108
STREET ADDRESS 11/12/08--01004--003 **238.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME TIGHE, DEBORAH A
STREET ADDRESS PO BOX 309
CITY-ST-ZIP MAINEVILLE, OH 45039

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME THEOBALD, STEVEN G
STREET ADDRESS 2115 FOSTER MAINEVILLE
CITY-ST-ZIP MORROW, OH 45152

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CEO

Date

Daytime Phone #

11/5/08

573-205-9867

FILED

08 NOV 12 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

