

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042844

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE COLLECTION CERTIFIED COLLISION CENTER, LLC

Current Principal Place of Business:

% KEN GORIN, MANAGER
200 BIRD ROAD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

% KEN GORIN, MANAGER
200 BIRD ROAD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-1035297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEUERMAN, JONATHAN ESQ.
THERREL BAISDEN, P.A., SUNTRUST INTL CTR
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI, FL 33131 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/MANAGERS:

Title: MGR () Delete
Name: GORIN, KENNETH T
Address: 200 BIRD RD
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LAWRENCE, RUSTIN
Address: 200 BIRD RD
City-St-Zip: CORAL GABLES, FL 33146

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: LAWRENCE RUSTIN

VP

02/04/2009

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