

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052607

FILED
Apr 14, 2008
Secretary of State

Entity Name: FONG'S AUTO REPAIR & COLLISION, LLC

Current Principal Place of Business:

680 S.W. 27TH AVE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

2320 SW 56TH AVENUE
WEST PARK, FL 33023

Current Mailing Address:

680 S.W. 27TH AVE
FT. LAUDERDALE, FL 33312

New Mailing Address:

9816 COBBLESTONE LAKES COURT
BOYNTON BEACH, FL 33472

FEI Number: 20-4910213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONG, CHARMAINE
9816 COBBLESTONE LAKES CT.
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

BUSINESS TO SERVE AS RA
9816 COBBLESTONE LAKES COURT
BOYNTON BEACH, FL 33472 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: CHARMAINE FONG

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FONG, COURTNEY
Address: 680 S.W. 27TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FONG, COURTNEY
Address: 2320 SW 56TH AVE
City-St-Zip: WEST PARK, FL 33023

Title: MGM () Change (X) Addition
Name: FONG, CHARMAINE
Address: 9816 COBBLESTONE LAKES COURT
City-St-Zip: BOYNTON BEACH, FL 33472

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: COURTNEY FONG

MGR

04/14/2008

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