

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061410

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** TECNIMOTOR AUTO COLLISION LLC

**Current Principal Place of Business:**

10102 NW 80 AVENUE  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

10100-02 NW 80 AVENUE  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

2494 CENTERGATE DRIVE #103  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 20-5077004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAKKAL, ADOLFO  
10102 NW 80 AVENUE  
HIALEAH GARDENS, FL 33016 US

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

SAKKAL, ADOLFO  
10100-02 NW 80 AVENUE  
HIALEAH GARDENS, FL 33016 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAKKAL, ADOLFO  
Address: 10100-02 NW 80 AVENUE  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby 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: ADOLFO SAKKAL

MGRM

04/28/2011

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