


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000075840		
1. Entity Name JACK'S PAINT & COLLISION CENTER LIMITED LIABILITY COMPANY		
Principal Place of Business 3791 EDISON AVE FORT MYERS, FL 33916	Mailing Address 3791 EDISON AVE FORT MYERS, FL 33916	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIPSCOMB, JACK L 3791 EDISON AVE FORT MYERS, FL 33916		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSCOMB, JACK L 3791 EDISON AVE FORT MYERS, FL 33916	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSCOMB, KAREN L 3791 EDISON AVE FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPSCOMB, KEVIN M 1018 S.W. 23RD STREET CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ 4/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5646914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

04/23/08-80032-004 138.75