

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000089581

**FILED**  
**Sep 29, 2011**  
**Secretary of State**

**Entity Name:** CRUZ 'N COLLISION, LLC

**Current Principal Place of Business:**

110 NORTH MAIN STREET  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1118  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 20-8214341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMUNNI, STEVEN A  
2211 WIDMAN WAY  
SUITE 250  
FORT MYERS, FL 33901 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:** STEVE A RAMUNNI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CRUZ, LOIDA  
**Address:** 110 NORTH MAIN STREET  
**City-St-Zip:** LABELLE, FL 33935

**Title:** MGRM  
**Name:** FOX, AMIRA D  
**Address:** 110 NORTH MAIN STREET  
**City-St-Zip:** LABELLE, FL 33935

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:** STEVE A RAMUNNI

RA

09/29/2011

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