2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# L07000025300

Entity Name: EXECUTIVE AUTO COLLISION, LLC

Current Principal Place of Business:

1865 SW 4TH AVENUE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1865 SW 4TH AVENUE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONTE, WILLIAM MGR
1865 SW 4TH AVENUE
DELRAY BEACH, FL 33444 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: WILLIAM GONTE 08/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GANTE, WILLIAM
Address: 1865 SW 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES:

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

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: WILLIAM GONTE MGR 08/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date