

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084467

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** NORTHWEST COLLISION CENTER, LLC

**Current Principal Place of Business:**

3577 TYRONE BOULEVARD  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

3577 TYRONE BOULEVARD  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 26-1586142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESCENT, MONIQUE  
3577 TYRONE BOULEVARD  
ST. PETERSBURG, FL 33710 US

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

DESCENT, MONIQUE M  
3577 TYRONE BOULEVARD  
ST. PETERSBURG, FL 33710 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: MONIQUE M. DESCENT

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DESCENT, GREGORY R  
Address: 3577 TYRONE BOULEVARD  
City-St-Zip: ST. PETERSBURG, FL 33710

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: GREGORY R. DESCENT

MGR.

02/07/2012

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