

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035511

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** FLEET AUTO COLLISION TRAINING SERVICES LLC

**Current Principal Place of Business:**

13005 SPRING HILL DR  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

13005 SPRING HILL DR  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 26-2362529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KLAPKA, NICOLE  
13005 SPRING HILL DR  
SPRING HILL, FL 34609 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KIP, REBECCA  
**Address:** 1236 OXBRIDGE DR  
**City-St-Zip:** LUTZ, FL 33549

**Title:** MGRM  
**Name:** KLAPKA, STEVE  
**Address:** 4039 CLEARSPRING RD  
**City-St-Zip:** BROOKSVILLE, FL 34604

**Title:** MGRM  
**Name:** PACCHIAROTTI, ROBERT  
**Address:** 2440 HOLSTON AVE  
**City-St-Zip:** SPRING HILL, FL 34608

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:** ROBERT PACCHIAROTTI

MGRM

01/25/2011

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