

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000047453

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** PREMIER AUTOBODY & COLLISION LLC

**Current Principal Place of Business:**

2823 OVERPASS RD, UNIT 8  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

2823 OVERPASS RD, UNIT 8  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 45-0595735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORELAND, IAN  
11915 CEDARFIELD DR.  
RIVERVIEW, FL 33579 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: MORELAND, IAN  
Address: 2823 OVERPASS RD, UNIT 8  
City-St-Zip: TAMPA, FL 33619 US

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: IAN MORELAND

PRES

02/18/2010

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