2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061133

City-St-Zip:

OKEECHOBEE, FL 34972 US

Entity Name: CROWN COLLISION CENTER, LLC

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3438 SW DEGGELLER COURT PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 3438 SW DEGGELLER COURT PALM CITY, FL 34990 FEI Number: 26-2844661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CROWN CAR CARE, LLC 3982 SW BRUNER TERRACE PALM CITY, FL 34990 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CROWN CAR CARE, LLC, Name: Name: Address: 3982 SW BRUNER TERRACE Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SMITH, MARK E Name: Address: 1532 SW LEISURE LANE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LACROIX, ANDREW J Name: Name: Address: 5155 NE 122ND DRIVE Address:

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.

City-St-Zip:

SIGNATURE: TODD HARRIS MGR 04/02/2009