

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000077570

FILED
Oct 14, 2009
Secretary of State

Entity Name: RV COLLISION AND RESTORATION LLC

Current Principal Place of Business:

4510 W. HWY 40 BLDG A
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4510 W. HWY 40 BLDG A
OCALA, FL 34482

New Mailing Address:

FEI Number: 35-2344816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

SALINAS, SERGIO
14316 CHEVERLEIGH DR.
ORLANDO, FL 32837 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: SERGIO SALINAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SALINAS, SERGIO
Address: 14316 CHEVERLEIGH DR.
City-St-Zip: ORLANDO, FL 32837

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

Title: MGRM () Delete
Name: TAPIA, JAIME
Address: 3320 PINTO DR.
City-St-Zip: KISSIMMEE, FL 34746

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

Title: MGRM () Delete
Name: RODRIGUEZ, JESUS
Address: 2406 BLANDA ST.
City-St-Zip: ORLANDO, FL 32839

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

Title: MGR () Delete
Name: SALINAS, ARMANDO
Address: 600 RIVER BIRCH CT APT #533
City-St-Zip: CLERMONT, FL 34711

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: JAIME TAPIA

VP

10/14/2009

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