

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088290

FILED
Jan 24, 2012
Secretary of State

Entity Name: HIGH CARE COLLISION CENTER LLC

Current Principal Place of Business:

219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805

New Principal Place of Business:

219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805 US

Current Mailing Address:

219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805

New Mailing Address:

219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805 US

FEI Number: 26-3380353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTA, DEMETRIO C
219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

ORTEGA, NICO
219 SOUTH ORANGE BLOSSOM TRAIL
SUITE B
ORLANDO, FL 32805 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: NICO ORTEGA

01/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ORTEGA, NICO
Address: 219 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 US

Title: MGR
Name: ORTEGA, CARMEN M
Address: 219 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 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: NICO ORTEGA

MGR

01/24/2012

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