

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065369

FILED
Feb 07, 2012
Secretary of State

Entity Name: BRUMOS COLLISION CENTERS, LLC

Current Principal Place of Business:

7018 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7018 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 27-0505216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILFUS, JONI T
7018 BLANDING BLVD
JACKSONVILLE, FL 32244 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: DVCP
Name: TOMM, CHARLES B
Address: 10231 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DC
Name: DAVIS, A. DANO
Address: 4310 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP
Name: NOBLE, NANCY D
Address: 7018 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: S
Name: GILFUS, JONI T
Address: 7018 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: MCADOO, ROSA A
Address: 7018 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: ZAHARA, E. ELLIS JR
Address: 4310 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

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: JONI GILFUS

S

02/07/2012

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