

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109272

Entity Name: CAR CITY COLLISION,L.L.C.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

835 CONCORDIA BLVD.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

130 INDUSTRIAL BOULEVARD  
PENSACOLA, FL 32505

**Current Mailing Address:**

835 CONCORDIA BLVD.  
PENSACOLA, FL 32505

**New Mailing Address:**

130 INDUSTRIAL BOULEVARD  
PENSACOLA, FL 32505

FEI Number: 27-3723038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MODIN, ROBERT A  
47 CAMELIA DR.  
PENSACOLA, FL 32505 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: MGR  
Name: MODIN, ROBERT A  
Address: 47 CAMELIA DR.  
City-St-Zip: PENSACOLA, FL 32505

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: ROBERT MODIN

MGR

05/01/2012

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