

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000050839

Entity Name: VAB COLLISION, LLC

FILED
Apr 30, 2012
Secretary of State

Current Principal Place of Business:

2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2204 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2390187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOBEK, BARRY A ESQ.
503 EAST MONROE STREET
JACKSONVILLE, FL 32202 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: MGRM
Name: SCHOONMAKER, VAN E
Address: 8634 VILLA SAN JOSE DRIVE, EAST
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM
Name: SCHOONMAKER, CHERYL T
Address: 8634 VILLA SAN JOSE DRIVE, EAST
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM
Name: SCHOONMAKER, STEVEN T
Address: 5020 HARP STREET
City-St-Zip: JACKSONVILLE, FL 32258

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: STEVEN SCHOONMAKER

MGRM

04/30/2012

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