

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000104756

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** COLLISION CONCEPTS, LLC

**Current Principal Place of Business:**

1875 SW 4TH AVE. BAY C-1  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

1875 SW 4TH AVE.  
C-1  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1875 SW 4TH AVE. BAY C-1  
DELRAY BEACH, FL 33444

**New Mailing Address:**

1875 SW 4TH AVE.  
C-1  
DELRAY BEACH, FL 33444

FEI Number: 80-0024633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUINTELA, EDWARD  
1875 SW 4TH AVE. BAY C-1  
DELRAY BEACH, FL 33444 US

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

QUINTELA, EDWARD  
1875 SW 4TH AVE.  
C-1  
DELRAY BEACH, FL 33444 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: EDWARD QUINTELA

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: QUINTELA, EDWARD  
Address: 1875 SW 4TH AVE. BAY C-1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR  
Name: QUINTELA, EDUARDO  
Address: 1875 SW 4 AVE. C-1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR  
Name: TORRES, WALTER  
Address: 1875 SW 4 AVE C-1  
City-St-Zip: DELRAY BEACH, FL 33444

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: EDWARD QUINTELA

MRGM

03/27/2012

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