# I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CEO

#### SIGNATURE: GREGORY DIMARIA

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065520

# Entity Name: WEST DELRAY COLLISION CENTER LLC

# **Current Principal Place of Business:**

9701 W. ATLANTIC AVE. DELRAY BEACH. FL 33446

# **Current Mailing Address:**

9701 W. ATLANTIC AVE. DELRAY BEACH. FL 33446 US

# FEI Number: 27-2960512

## Name and Address of Current Registered Agent:

EDWARDS, ROBERTS 9701 WEST ATLANTIC AVE. DELRAY BEACH, FL 33446 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:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	AMBR	Title	CFO, CEO
Name	EDWARDS, ROBERT	Name	DI MARIA, GREGORY
Address	9701 W. ATLANTIC AVE.	Address	9701 WEST ATLANTIC AVE
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446

Certificate of Status Desired: No

01/29/2024

# FILED Jan 29, 2024 Secretary of State 7317290338CC

Date

Date