

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000123188

Entity Name: UNIVERSITY COLLISION CENTER TALLAHASSEE, LLC

Current Principal Place of Business:

2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309

Current Mailing Address:

2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309

FEI Number: 46-1073765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISCONTI, FRANK L
2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 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

Date

Authorized Person(s) Detail :

Title MGRM
Name FREEMAN, STAN
Address 2928 WELLINGTON CIR STE 201
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM
Name VISCONTI, FRANK L
Address 2928 WELLINGTON CIR STE 201
City-State-Zip: TALLAHASSEE FL 32309

Title SEC
Name GOODWIN, ELLA
Address 2928 WELLINGTON CIR STE 201
City-State-Zip: TALLAHASSEE FL 32309

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STAN FREEMAN

MGRM

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date