I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am a managing member or manager of the limited liability company or the receiver or tru		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE OSVANY RAMIREZ	MGR	02/11/2025

SIGNATURE: OSVANY RAMIREZ

I

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

RAMIREZ, OSVANY 4211 SW 74TH AVE MIAMI, FL 33155 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: OSVANY RAMIREZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	RAMIREZ, OSVANY
Address	4211 SW 74TH AVE
City-State-Zip:	MIAMI FL 33155

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000051904

Entity Name: CHRIS BODY SHOP COLLISION CENTER, LLC

Current Principal Place of Business:

4211 SW 74TH AVE MIAMI, FL 33155

Current Mailing Address:

4211 SW 74TH AVE MIAMI, FL 33155 US

FEI Number: 83-3833075

02/11/2025 Date

Date

FILED Feb 11, 2025 Secretary of State 8352536030CC

Certificate of Status Desired: No