

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000068315

**Entity Name:** LUIS COLLISION & SALES REPAIR LLC

**Current Principal Place of Business:**

1920 CHIQUITA BLVD N  
CAPE CORAL, FL 33993

**Current Mailing Address:**

1920 CHIQUITA BLVD N  
CAPE CORAL, FL 33993 US

**FEI Number: 86-2008197**

**Certificate of Status Desired: No**

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

OLIVA ANTON, LUIS FERNANDO  
1920 CHIQUITA BLVD N  
CAPE CORAL, FL 33993 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            AMBR  
Name            OLIVA ANTON, LUIS FERNANDO  
Address        1920 CHIQUITA BLVD N  
City-State-Zip: CAPE CORAL FL 33993

*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.*

**SIGNATURE: LUIS FERNANDO OLIVA ANTON**

**AMBR**

**03/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date