

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016220

**Entity Name:** FOUR POINTS AUTO REPAIR, LLC

**Current Principal Place of Business:**

2000 S.W. HAYWORTH AVE.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

2000 S.W. HAYWORTH AVE.  
PORT ST. LUCIE, FL 34953

**FEI Number:** 30-0532999

**Certificate of Status Desired:** No

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

BROWNE, ANDREW P  
397 SW RIDGECREST DR  
PORT ST. LUCIE, FL 34953 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 MGR  
Name BROWNE, ANDREW P  
Address 2000 S.W. HAYWORTH AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGR  
Name BROWNE, MICHELLE  
Address 2000 S.W. HAYWORTH AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title S  
Name BROWNE, ANDREW  
Address 2000 S.W. HAYWORTH AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** ANDREW BROWNE

MGR

01/26/2022

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

\_\_\_\_\_ Date