

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000131230

**Entity Name:** BRIAN'S MOBILE AUTO COLORS LLC

**Current Principal Place of Business:**

3564 LASLO AVE  
NORTH PORT, FL 34287

**Current Mailing Address:**

3564 LASLO AVE.  
NORTH PORT, FL 34287 US

**FEI Number:** 46-1211292

**Certificate of Status Desired:** No

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

BATES, BRIAN  
3564 LASLO AVE  
NORTH PORT, FL 34287 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                | Title           | TREASURER           |
| Name            | BATES, BRIAN        | Name            | BATES, ANGELA       |
| Address         | 3564 LASLO AVE      | Address         | 3564 LASLO AVE      |
| City-State-Zip: | NORTH PORT FL 34287 | City-State-Zip: | NORTH PORT FL 34287 |

*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:** BRIAN BATES

**MANAGER**

**04/08/2022**

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

\_\_\_\_\_  
Date