

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000203346

**Entity Name:** CHIPPER AUTO REPAIR LLC

**Current Principal Place of Business:**

5491 SE CABLE DR  
STUART, FL 34997

**Current Mailing Address:**

5491 SE CABLE DR  
STUART, FL 34997 US

**FEI Number: 86-3875834**

**Certificate of Status Desired: No**

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

WRIGHT, CHARLES T 3RD  
5491 SE CABLE DR  
STUART, FL 34997 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 AR  
Name WRIGHT, CHARLES T  
Address 5491 SE CABLE DR  
City-State-Zip: STUART FL 34997

*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: CHARLES T WRIGHT**

**OWNER**

**03/01/2023**

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

\_\_\_\_\_  
Date