

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004648

Entity Name: LIVERMAN'S AUTO REPAIRS, INC.**Current Principal Place of Business:**12839 MAIN STREET
JACKSONVILLE, FL 32218**Current Mailing Address:**12839 MAIN STREET
JACKSONVILLE, FL 32218**FEI Number:** 20-8242444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVERMAN, GEORGE
12839 MAIN STREET
JACKSONVILLE, FL 32218 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**Officer/Director Detail :**

Title	DP
Name	LIVERMAN, GEORGE W
Address	12839 MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP
Name	THOMAS, MARK
Address	12839 MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32218

Title	AMBR
Name	SUTTON, LINDA JEAN
Address	12839 MAIN STREET
City-State-Zip:	JACKSONVILLE FL 32218

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA J SUTTON

AQMBR

03/11/2022

Electronic Signature of Signing Officer/Director Detail_____
Date