

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000120252

**Entity Name:** FAUST AUTOMOTIVE LLC

**Current Principal Place of Business:**

900 KIMBERLY LANE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

900 KIMBERLY LANE  
LYNN HAVEN, FL 32444 US

**FEI Number:** 92-3403991

**Certificate of Status Desired:** No

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

FAUST, SAWYER B  
900 KIMBERLY LANE  
LYNN HAVEN, FL 32444 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            PRESIDENT, OWNER  
Name            FAUST, SAWYER B  
Address        900 KIMBERLY LN  
City-State-Zip: LYNN HAVEN FL 32444

*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:** SAWYER FAUST

03/31/2024

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

\_\_\_\_\_ Date