

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000010900

Entity Name: THOMPSON AUTOMOTIVE CLINIC, LLC

Current Principal Place of Business:

351 TOM SHIVERS ROAD
FLOMATON, AL 36441

Current Mailing Address:

P O BOX 895
FLOMATON, AL 36441 US

FEI Number: 85-4245877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERSON III, PETE
5991 N PINE BARREN RD
CENTURY, FL 32535 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
Name THOMPSON, CHARLES R II
Address 351 TOM SHIVERS ROAD
City-State-Zip: FLOMATON AL 36441

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 THOMPSON

MANAGING MEMBER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date