

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000012012

Entity Name: WASHFACTOR LLC

Current Principal Place of Business:

5578 ARNOLD PALMER DR
APT 233
ORLANDO, FL 32811

Current Mailing Address:

P.O. BOX 616047
ORLANDO, FL 32861

FEI Number: 82-4048778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLYCARPE, DALESKY
5578 ARNOLD PALMER DR
APT 233
ORLANDO, FL 32811 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: DALESKY POLYCARPE

10/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name POLYCARPE, DALESKY
Address P.O BOX 616047
City-State-Zip: ORLANDO FL 32861

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: DALESKY POLYCARPE

P

10/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date