

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000294163

**Entity Name:** WASH PROS LLC

**Current Principal Place of Business:**

4759 MAPLEWILD LN  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

4759 MAPLEWILD LN  
SAINT CLOUD, FL 34772

**FEI Number: 84-4214241**

**Certificate of Status Desired:** No

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

MAISONET, MOISES  
4759 MAPLEWILD LN  
SAINT CLOUD, FL 34772 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 MGR  
Name MAISONET, MOISES  
Address 4759 MAPLEWILD LN  
City-State-Zip: SAINT CLOUD FL 34772

*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: MOISES MAISONET**

**MANAGER**

**04/01/2023**

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

\_\_\_\_\_  
Date