# 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L20000039447

### Entity Name: THE WRIGHT TOUCH MOBILE DETAILING LLC

#### **Current Principal Place of Business:**

1601 13TH STREET SOUTH SAINT PETERSBURG, FL 33705

#### **Current Mailing Address:**

1601 13TH STREET SOUTH SAINT PETERSBURG, FL 33705 US

# **FEI Number: APPLIED FOR**

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

WRIGHT, DEJUAN 1601 13TH STREET SOUTH SAINT PETERSBURG, FL 33705 US

# FILED Apr 30, 2022 Secretary of State 0109444250CC

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	WRIGHT, JAMES SR	Name	SMITH, MICHAEL IV
Address	1601 13TH STREET SOUTH	Address	4747 W WATERS AVE #3202
City-State-Zip:	SAINT PETERSBURG FL 33705	City-State-Zip:	TAMPA FL 33614
Title	MGT	Title	AMBR
Name	WRIGHT, DEJUAN	Name	SHORTER, VICTOR
Address	1601 13TH STREET SOUTH	Address	1601 13TH STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33705	City-State-Zip:	ST. PETERSBURG FL 33705
Title	AMBR	Title	AMBR
Name	IRVIN, JEFF	Name	TOWNSEND, DONTRELL
Address	1601 13TH STREET SOUTH	Address	1601 13TH STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33705	City-State-Zip:	ST. PETERSBURG FL 33705

Title	AMBR
Name	WRIGHT, GARY
Address	1601 13TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705

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: DEJUAN WRIGHT

MGT

04/30/2022

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date