

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099535

Entity Name: WASH PRO'S LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

361 VILLA SORRENTO CIR.
HAINES CITY, FL 33844

New Principal Place of Business:

2174 MALLORY CIRCLE
HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 3048
HAINES CITY, FL 33844

New Mailing Address:

PO BOX 3048
DAVENPORT, FL 33836

FEI Number: 26-3581162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, PEDRO
361 VILLA SORRENTO CIR.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

VALDES, PEDRO
2174 MALLORY CIRCLE
HAINES CITY, FL 33844 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VALDES, PEDRO
Address: 361 VILLA SORRENTO CIR.
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: VALDES, TERESA A
Address: 361 VILLA SORRENTO CIR.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALDES, PEDRO
Address: 2174 MALLORY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM (X) Change () Addition
Name: VALDES, TERESA A
Address: 2174 MALLORY CIRCLE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TERESA A. VALDES

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date