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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MPX-1 Painting any ame of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAOL B. J-M-MONU Name of Person

antingend Pressure Westing LLC

2)(nj Address TTai

LL 3380 City/State and Zin Code

E-mail address: (to be used for further annual report notification)

For further information concerning this matter, please call:

_ at (863_) 413 HADRE Area Code & Davtime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

YUNNHUGA Name of the limited liability company: 1. 2. (a)(b) Principal office address of fimred liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida 3. 4. Document number 5. (a)Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address 1020 Et 2 2 4 - 7 4 10: 3 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: aldress FL. If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/werg authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of prganization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member Printed or typed name of signed

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registere Age

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00 89 89

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Detail by Ent	tity Name	
Florida Limited Liabi	D PRESSURE WASHING, LLC	
Filing Information		
	r L17000113923	
Document Number	82-1678828	
FEI/EIN Number	05/23/2017	
Date Filed	572372017 FL	
State	ACTIVE	
Status	ACTIVE	
Principal Address		
504 COLONY TRAIL		
LAKELAND, FL 338	03	
Changed: 01/16/202	20	
Mailing Address		
504 COLONY TRAIL		
LAKELAND, FL 338		
Changed: 01/16/202	0	
Registered Agent Na	me & Address	2
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5416.9TH-ST SE	Margaret Taylor - New Join	
HIGHLAND CITY, FL	-33846- CICOL TO 28862 here	
Authorized Person(s)	Detail LULAIUNA, ML 33003	
Name & Address		
Title AMBR		
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