

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000004685

Entity Name: POLY PROS LLC

Current Principal Place of Business:

3491 WHITE ADLER CT
KISSIMMEE, FL 34741

Current Mailing Address:

3491 WHITE ADLER CT
KISSIMMEE, FL 34741 US

FEI Number: 84-4208344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNA, NICHOLAS
3491 WHITE ADLER CT
KISSIMMEE, FL 34741 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 | Title | MGR |
| Name | MUNA, NICHOLAS | Name | BRYAN, TYRONE |
| Address | 3491 WHITE ADLER CT | Address | 1419 SPRING LOOP DR |
| City-State-Zip: | KISSIMMEE FL 34741 | City-State-Zip: | WINTER GARDEN FL 34787 |

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: NICHOLAS B MUNA JR

MANAGER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date