

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000379463

Entity Name: LOCAL PRESSURE LLC

Current Principal Place of Business:

549 SW HALKELL AVE
PORT ST LUCIE , FL 34953

Current Mailing Address:

549 SW HALKELL AVE
PORT ST LUCIE , FL 34953 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORO, CARLOS ALFONSO
549 SW HALKELL AVE
PORT ST LUCIE , FL 34953 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: CARLOS TORO

01/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name TORO, CARLOS ALFONSO
Address 549 SW HALKELL AVE
City-State-Zip: PORT ST LUCIE FL 34953

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: CARLOS TORO

OWNER

01/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date