

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000131217

**Entity Name:** PRO KLEEN SWFL LLC

**Current Principal Place of Business:**

1110 PINE RIDGE ROAD  
SUITE 201  
NAPLES, FL 34108

**Current Mailing Address:**

1110 PINE RIDGE ROAD #201  
NAPLES, FL 34108 US

**FEI Number:** 86-2018862

**Certificate of Status Desired:** No

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

FELICIONI, FRANCESCO  
1110 PINE RIDGE ROAD  
SUITE 201  
NAPLES, FLORIDA, FL 34108 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  
Name FELICIONI, FRANCESCO  
Address 1110 PINE RIDGE ROAD  
SUITE 201  
City-State-Zip: NAPLES, FLORIDA FL 34108

*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:** FRANCESCO FELICIONI

MGR

02/06/2025

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date