

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000428473

**Entity Name:** STORYS SOFT PRESSURE WASHING LLC

**Current Principal Place of Business:**

2443 LEON ROAD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2443 LEON ROAD  
JACKSONVILLE, FL 32246 US

**FEI Number: 87-2933027**

**Certificate of Status Desired: No**

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

STORY, KEVIN N  
2443 LEON ROAD  
JACKSONVILLE, FL 32246 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            CEO  
Name            STORY, KEVIN N  
Address        2443 LEON ROAD  
City-State-Zip: JACKSONVILLE FL 32246

*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: KEVIN STORY**

**CEO**

**02/17/2025**

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

\_\_\_\_\_  
Date