Current Mai	iling Address:			
	ERINE PL APT 403			
DAVIE, FL	33324 US			
FEI Number	r: 93-3246031		Certificate of Status D	esired: Yes
Name and A	Address of Current Registered Age	nt:		
	ARIS M			
RIVERA, DAMA 9480 TANGERI	INE PL			
9480 TANGERI APT 403 DAVIE, FL 333	324 US	proince its registered office or regis	tered arent or both in the State of	Florida
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above named</i>	324 US d entity submits this statement for the purpose of ch	anging its registered office or regis	stered agent, or both, in the State of	
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above named</i>	324 US	anging its registered office or regis	stered agent, or both, in the State of	Florida. 03/19/202 Date
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above name</i> SIGNATURE	<ul> <li>B24 US</li> <li>d entity submits this statement for the purpose of ch</li> <li>E: DAMARIS M RIVERA</li> <li>Electronic Signature of Registered Agent</li> </ul>	anging its registered office or regis	stered agent, or both, in the State of	03/19/202
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above named</i> SIGNATURE Authorized	324 US d entity submits this statement for the purpose of ch E: DAMARIS M RIVERA	anging its registered office or regis	stered agent, or both, in the State of	03/19/202
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above name</i> SIGNATURE	<ul> <li>324 US</li> <li>d entity submits this statement for the purpose of ch</li> <li>E: DAMARIS M RIVERA</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> </ul>			03/19/202
9480 TANGERI APT 403 DAVIE, FL 333 <i>The above named</i> SIGNATURE Authorized Title	<ul> <li>B24 US</li> <li>d entity submits this statement for the purpose of ch</li> <li>E: DAMARIS M RIVERA</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>CEO</li> </ul>	Title	соо	03/19/202

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: DANIEL S RIVERA

CEO

03/19/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L23000369344

Entity Name: SPECTRUM SPLASH PRESSURE CLEANING LLC

## **Current Principal Place of Business:**

9480 TANGERINE PL APT 403

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 19, 2024 **Secretary of State** 4999640218CC