

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000520

Entity Name: WASH MULTIFAMILY LAUNDRY SYSTEMS, LLC**Current Principal Place of Business:**2200 W. 195TH STREET
TORRANCE, CA 90501**Current Mailing Address:**2200 W. 195TH STREET
TORRANCE, CA 90501 US**FEI Number:** 26-0544897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name LEVINE, CRAIG A.
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

Title CFO
Name WRIGHT, THOMAS
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

Title PRESIDENT
Name DE ARMAS, ANDRES
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

Title MANAGER
Name GIMESON, JIM
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

Title SECRETARY
Name LEVINE, CRAIG A.
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

Title CEO
Name GIMESON, JIM
Address 2200 W. 195TH STREET
City-State-Zip: TORRANCE CA 90501

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: CRAIG A. LEVINE**SECRETARY****04/23/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date