

LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY.	Pressure washii	ng Specialists LLC		
SECRETARY OF STATE ID NUMBER: 27	59977 STAT	E OF FORMATION: NC	Filing Office Use Only	
REPORT FOR THE CALENDAR YEAR:	2025		Preview 2759977	
SECTION A: <u>REGISTERED AGENT'S INFO</u>				
			Changes	
1. NAME OF REGISTERED AGENT:	Spencer Randall Fa	ust		
2. SIGNATURE OF THE NEW REGIST		GNATURE CONSTITUTES CONSENT TO THE A	A DDOINTMENT	
3. REGISTERED AGENT OFFICE STR		4. REGISTERED AGENT OFFICE MAILING ADDRESS		
132 Wyoming St APT 302B		132 Wyoming St APT 302B		
Spindale, NC 28160 Rutherford County		Spindale, NC 28160		
SECTION B: <u>PRINCIPAL OFFICE INFORM</u>	<u>ATION</u>			
1. DESCRIPTION OF NATURE OF BU	SINESS: Residential ar	nd Commercial Pressure Washing	Services	
2. PRINCIPAL OFFICE PHONE NUMB	2. PRINCIPAL OFFICE PHONE NUMBER: (413) 776-9274 3. PR		3. PRINCIPAL OFFICE EMAIL: Privacy Redaction	
4. PRINCIPAL OFFICE STREET ADDRESS		5. PRINCIPAL OFFICE MAILING ADDRESS		
132 Wyoming St, Unit 302b		132 Wyoming St, Unit 302b		
Spindale, NC 28160		Spindale, NC 28160		
6. Select one of the following if ap The company is a veterar The company is a service	n-owned small business	·		
SECTION C: <u>COMPANY OFFICIALS</u> (Enter	additional company official	s in Section E.)		
NAME: The Pressure Washing Specialists, LLC	NAME:	NAME:		
TITLE: Manager	TITLE:	TITLE:		
ADDRESS:	ADDRESS:	ADDRESS:	ADDRESS:	
132 Wyoming St APT 302B				
Spindale, NC 28160				
SECTION D: CERTIFICATION OF ANNUA	AL REPORT. Section D m	ust be completed in its entirety by a pe	rson/business entity.	
The Pressure Washing Specialists, LLC, by Spencer Randall Faust Owner		9/29/2025		
SIGNATURE Form must be signed by a Company Official listed u	nder Section C of This form.	DATE		
The Pressure Washing Specialists, LLC, by Spencer Randall Faust Owner		Manager		
Print or Type Name of Company Official		Print or Type Title of Company Official		