

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000154138

**Entity Name:** EFFIC SERVICES LLC

**Current Principal Place of Business:**

4793 CASON COVE DRIVE  
802  
ORLANDO, FL 32811

**Current Mailing Address:**

4793 CASON COVE DRIVE  
802  
ORLANDO, FL 32811 US

**FEI Number:** 83-1013950

**Certificate of Status Desired:** No

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

PARRA ARAQUE, ROSA Y  
4793 CASON COVE DRIVE  
802  
ORLANDO, FL 32811 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 PARRA, ROSA  
Address 4793 CASON COVE DRIVE  
802  
City-State-Zip: ORLANDO FL 32811

*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:** ROSA YOLIMA PARRA ARAQUE

MGR

04/09/2019

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

\_\_\_\_\_  
Date