

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000232577

Entity Name: FELYCIA LLC**Current Principal Place of Business:**15410 WINTER BREEZE LN
WIMAUMA, FL 33598**Current Mailing Address:**15410 WINTER BREEZE LN
WIMAUMA, FL 33598**FEI Number:** 86-3984450**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLORISSANT, WIDLYNE B
15410 WINTER BREEZE LN
WMAUMA, FL 33598 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 PRESIDENT, MANAGER
Name FLORISSANT, WIDLYNE B
Address 15410 WINTER BREEZE LN
City-State-Zip: WIMAUMA FL 33598

Title MGR
Name FLORISSANT, FLETCHER J
Address 15410 WINTER BREEZE LN
City-State-Zip: WIMAUMA FL 33598

Title AUTHORIZED MEMBER
Name PATRY, MICHAELA S
Address 15410 WINTER BREEZE LN
City-State-Zip: WIMAUMA FL 33598

Title AUTHORIZED MEMBER
Name FLORISSANT, WHITLEY A
Address 15410 WINTER BREEZE LN
City-State-Zip: WIMAUMA FL 33598

Title AUTHORIZED MEMBER
Name FLORISSANT, BRIANNA JANET
Address 15410 WINTER BREEZE LN
City-State-Zip: WIMAUMA FL 33598

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: WIDLYNE FLORISSANT

PRESIDENT, MANAGER

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date