

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000091062

**Entity Name:** 113 PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142

**Current Mailing Address:**

1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CADET, GENS  
1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142 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            PRES  
Name           ST. LOUIS, WENDA  
Address        1842 FARM WORKERS WAY  
City-State-Zip: IMMOKALEE FL 34142

Title            VP  
Name           CADET, GENS  
Address        1842 FARM WORKERS WAY  
City-State-Zip: IMMOKALEE FL 34142

*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:** GENS CADET

**PRES**

**03/30/2023**

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

\_\_\_\_\_  
Date