

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000227210

**Entity Name:** THE MOM EFFECT LLC

**Current Principal Place of Business:**

2617 49TH ST  
SARASOTA, FL 34234

**Current Mailing Address:**

2617 49TH ST  
SARASOTA, FL 34234 US

**FEI Number:** 82-3301421

**Certificate of Status Desired:** No

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

HALE, BARBARA J  
2617 49TH ST  
SARASOTA, FL 34234 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:** BARBARA J HALE

04/20/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                   |                 |                      |
|-----------------|-------------------|-----------------|----------------------|
| Title           | PRES              | Title           | MANAGER              |
| Name            | HALE, BARBARA J   | Name            | HALE, DANIEL MATTHEW |
| Address         | 2617 49TH ST      | Address         | 2617 49TH ST         |
| City-State-Zip: | SARASOTA FL 34234 | City-State-Zip: | SARASOTA FL 34234    |

*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:** BARBARA J HALE

**PRESIDENT**

04/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date