

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000108150

**Entity Name:** FICATION EFFECT L.LC

**Current Principal Place of Business:**

3903 DR MARTIN LUTHER KING BLVD  
C  
FORT.MYERS, FL 33916

**Current Mailing Address:**

3903 DR MARTIN LUTHER KING BLVD  
C  
FORT.MYERS, FL 33916 US

**FEI Number:** 85-1000455

**Certificate of Status Desired:** No

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

LAWRENCE, SHANAKAY  
2904 15TH ST SW  
LEHIGH ARES, FL 33973 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            CEO  
Name            LAWRENCE, SHANAKAY  
Address        3701 12TH ST W  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** SHANAKAY LAWRENCE

CEO

04/29/2022

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

\_\_\_\_\_ Date