

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000131179

**Entity Name:** THE STEPHANIE EFFECT LLC

**Current Principal Place of Business:**

5862 BRICKELL DR  
NORTH PORT, FL 34286

**Current Mailing Address:**

5862 BRICKELL DR  
NORTH PORT, FL 34286 US

**FEI Number:** 83-4668777

**Certificate of Status Desired:** No

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

COUILLARD, STEPHANIE  
5862 BRICKELL DR  
NORTH PORT, FL 34286 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 COUILLARD, STEPHANIE  
Address 5862 BRICKELL DR  
City-State-Zip: NORTH PORT FL 34286

*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:** STEPHANIE COUILLARD

**MANAGER**

**03/01/2023**

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

\_\_\_\_\_ Date