#### Electronic Signature of Signing Officer/Director Detail

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JANE SERENE RASKIN

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

Officer/Director Detail :			
Title	PT	Title	VP, SECRETARY, DIRECTOR
Name	RASKIN, MARTIN RP,T,D	Name	RASKIN, JANE SERENE
Address	2525 PONCE DE LEON BLVD. SUITE 300	Address	2525 PONCE DE LEON BLVD. SUITE 300
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# M03734

Entity Name: RASKIN & RASKIN, P.A.

#### **Current Principal Place of Business:**

2525 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

2525 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134 US

#### FEI Number: 59-2432219

### Name and Address of Current Registered Agent:

RASKIN, MARTIN RPRES. 2525 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134 US

DIRECTOR

VP, SECRETARY,

Certificate of Status Desired: No

FILED Feb 09, 2024 Secretary of State 7064252822CC

Date

02/09/2024

Date