

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164815

**Entity Name:** ARAP ENTERPRISES LLC

**Current Principal Place of Business:**

229 MILAM ST. #41  
SHREVEPORT, LA 71101

**Current Mailing Address:**

P O BOX 544  
SHREVEPORT, LA 71162 US

**FEI Number:** 46-4262425

**Certificate of Status Desired:** No

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

WINIKOFF, ANDREW  
902 CLINT MOORE RD  
132  
BOCA RATON, FL 33487 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 MGRM  
Name VAN CLEAVE, PAUL  
Address P O BOX 544  
City-State-Zip: SHREVEPORT LA 71162

*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:** PAUL VAN CLEAVE

**CEO/PRESIDENT**

**04/12/2024**

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

\_\_\_\_\_  
Date