

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000156294

**Entity Name:** RAFA NATURAL APOTHECARY, LLC

**Current Principal Place of Business:**

175 SOUTH CENTRAL AVENUE  
BARTOW, FL 33830

**Current Mailing Address:**

175 SOUTH CENTRAL AVENUE  
BARTOW, FL 33830 US

**FEI Number:** 47-2021877

**Certificate of Status Desired:** No

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

HANCOCK, KIMBERLY  
175 SOUTH CENTRAL AVENUE  
BARTOW, FL 33830 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 HANCOCK, KIMBERLY  
Address 1290 E. GILBERT STREET  
City-State-Zip: BARTOW FL 33830

Title AMBR  
Name HANCOCK, CURTIS  
Address 1290 E. GILBERT STREET  
City-State-Zip: BARTOW FL 33830

*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:** KIMBERLY D. HANCOCK

**OWNER**

**04/30/2019**

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

\_\_\_\_\_  
Date