

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000201060

**Entity Name:** RAW HEALTH ABUNDANCE LLC

**Current Principal Place of Business:**

480 NE 31 STREET  
APT 1802  
MIAMI, FL 33137

**Current Mailing Address:**

480 NE 31 STREET  
APT 1802  
MIAMI, FL 33137 US

**FEI Number:** 81-0778613

**Certificate of Status Desired:** No

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

KUZENKOV, OLGA  
480 NE 31 STREET  
APT 1802  
MIAMI, FL 33137 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:** OLGA KUZENKOV

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KUZENKOV, OLGA  
Address 480 NE 31 STREET  
APT 1802  
City-State-Zip: MIAMI FL 33137

*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:** OLGA KUZENKOV

MGMBR

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date