

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000201060

**Entity Name:** RAW HEALTH ABUNDANCE LLC

**Current Principal Place of Business:**

151 NE 5TH AVE #310  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

151 NE 5TH AVE #310  
DELRAY BEACH, FL 33483 US

**FEI Number:** 81-0778613

**Certificate of Status Desired:** No

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

KUZENKOV, OLGA  
151 NE 5TH AVE #310  
DELRAY BEACH, FL 33483 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

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KUZENKOV, OLGA  
Address 151 NE 5TH AVE #310  
City-State-Zip: DELRAY BEACH FL 33483

*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

OWNER/ MGR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date