

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000078747

**Entity Name:** RAW LYFE ENTERPRISES, LLC

**Current Principal Place of Business:**

1070 MONTGOMERY RD  
UNIT #256  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1070 MONTGOMERY RD  
UNIT #256  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 81-2385647

**Certificate of Status Desired:** No

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

EDWARDS, TRACI C  
2321 STOCKTON DRIVE  
SANFORD, FL 32771 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           | MGR              | Title           | MGR                 |
| Name            | EDWARDS, MARIO D | Name            | EDWARDS, TRACI C    |
| Address         | 2321 STOCKTON DR | Address         | 2321 STOCKTON DRIVE |
| City-State-Zip: | SANFORD FL 32771 | City-State-Zip: | SANFORD FL 32771    |

*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:** TRACI EDWARDS

**REGISTERED AGENT**

**05/01/2018**

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

\_\_\_\_\_  
Date