

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000094460

**Entity Name:** RAS LAVRAR, LLC**Current Principal Place of Business:**6409 CONGRESS AVENUE, SUITE 100  
BOCA RATON, FL 33314**Current Mailing Address:**6409 CONGRESS AVENUE, SUITE 100  
BOCA RATON, FL 33314 US**FEI Number:** 81-2690405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VCORP AGENT SERVICES, INC.  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** ANTHONY PALAZZO, ASSISTANT SECRETARY

04/15/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	SCHNEID, DAVID J
Address	6409 CONGRESS AVE #100
City-State-Zip:	BOCA RATON FL 33487

Title	AMBR
Name	LAVRAR, FLYNN
Address	6901 NW 6TH STREET
City-State-Zip:	PLANTATION FL 33317

Title	AMBR
Name	BALES, ERIKA R
Address	525 N TYRON STREET SUITE 1600
City-State-Zip:	CHARLOTTE NC 28202

Title	AMBR
Name	PERRY, ADAM
Address	525 N TRYON STREET SUITE 1600
City-State-Zip:	CHARLOTTE NC 28202

*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:** SCHNEID , DAVID J

MGR

04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date