

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000094460

**Entity Name:** RAS LAVRAR, LLC

**Current Principal Place of Business:**

1133 S UNIVERSITY DR  
2ND FLOOR  
PLANTATION, FL 33324

**Current Mailing Address:**

1133 S UNIVERSITY DR  
2ND FLOOR  
PLANTATION, FL 33324 US

**FEI Number:** 81-2690405

**Certificate of Status Desired:** No

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

SCHNEID, DAVID J  
6409 CONGRESS AVE  
100  
BOCA RATON, FL 33487 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  
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 STONE, AMY L  
Address 1548 B HOLLAND RD.  
FIRST FLOOR  
City-State-Zip: SUFFOLK VA 23434

*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:** DAVID SCHNEID

**MEMBER**

**01/16/2020**

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

\_\_\_\_\_  
Date