

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000094460

**Entity Name:** RAS LAVRAR, LLC

**Current Principal Place of Business:**

6413 CONGRESS AVENUE,  
SUITE 150  
BOCA RATON, FL 33487

**Current Mailing Address:**

6413 CONGRESS AVENUE,  
SUITE 150  
BOCA RATON, FL 33487 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

*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

**MANAGER MEMBER**

**01/10/2017**

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

\_\_\_\_\_  
Date