

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000037398

**Entity Name:** R.A.W TRAINING GROUP LLC.

**Current Principal Place of Business:**

MICKEY FUENTES  
11309 NW 52ND LN  
DORAL, FL 33178

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**1363793021CC**

**Current Mailing Address:**

MICKEY FUENTES  
11309 NW 52ND LN  
DORAL, FL 33178 US

**FEI Number:** 83-3594742

**Certificate of Status Desired:** Yes

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

FUENTES, MICKEY  
MICKEY FUENTES  
11309 NW 52ND LN  
DORAL, FL 33178 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:** MICKEY FUENTES

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED MEMBER  
Name           FUENTES, MICKEY  
Address        MICKEY FUENTES  
                  11309 NW 52ND LN  
City-State-Zip: DORAL FL 33178

Title           MANAGER, AUTHORIZED MEMBER  
Name           VALLS, PRISCILLA  
Address        MICKEY FUENTES  
                  11309 NW 52ND LN  
City-State-Zip: DORAL FL 33178

*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:** MICKEY FUENTES

**OWNER**

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date