

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000238862

**Entity Name:** RA & FAMILY PRODUCE LLC

**Current Principal Place of Business:**

7820 N. MILITARY TRL  
WEST PALM BEACH, FL 33410

**Current Mailing Address:**

7820 N. MILITARY TRL  
WEST PALM BEACH, FL 33410

**FEI Number:** 84-3255688

**Certificate of Status Desired:** No

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

FORTE LEGACY LLC  
7820 N. MILITARY TRL  
WEST PALM BEACH, FL 33410 US

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**1780184039CC**

*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:** GINO A FORTE

04/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name FORTE, ROBERTO  
Address 7820 N. MILITARY TRL  
City-State-Zip: WEST PALM BEACH FL 33410

Title MBR  
Name ESPINOSA, ANIBAL  
Address 7820 N. MILITARY TRL  
City-State-Zip: WEST PALM BEACH FL 33410

Title AUTHORIZED REPRESENTATIVE  
Name FORTE, GINO A  
Address 7820 N. MILITARY TRL  
City-State-Zip: WEST PALM BEACH FL 33410

Title AUTHORIZED REPRESENTATIVE  
Name FORTE, ANTONIO  
Address 2427 COUNTRY OAKS LN  
City-State-Zip: PBG FL 33410

Title MANAGER  
Name FORTE LEGACY LLC  
Address 7820 N. MILITARY TRL  
City-State-Zip: WPB FL 33410

Title AUTHORIZED REPRESENTATIVE  
Name FORTE, ROBERTO  
Address 8220 S VIRGINIA AVE  
City-State-Zip: PBG FL 33418

Title AUTHORIZED REPRESENTATIVE  
Name FORTE, VALENTINO  
Address 8800 N BATES RD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title AUTHORIZED REPRESENTATIVE  
Name FORTE, NICHOLAS  
Address 8327 OLD FOREST RD  
City-State-Zip: PBG FL 33410

*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:** GINO FORTE

MEMBER

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date