

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000090620

**Entity Name:** RAPHI, LLC

**Current Principal Place of Business:**

3370 NE 190TH STREET  
HIDDEN BAY APT 2103  
AVENTURA, FL 33180

**Current Mailing Address:**

2055 CHEMIN LAC BEAUCHAMP AMOS  
PO BOX 114  
QUEBEC, J9T38-8 CA

**FEI Number:** 85-0660819

**Certificate of Status Desired:** No

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

JARVIS & ASSOCIATES, P.A.  
1550 MADRUGA AVENUE  
SUITE 220  
CORAL GABLES, FL 33146 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                           | Title           | MGR                           |
| Name            | DUBE, ROSAIRE                 | Name            | DUBE, CARMELLE                |
| Address         | 3370 NE 190TH STREET APT 2103 | Address         | 3370 NE 190TH STREET APT 2103 |
| City-State-Zip: | AVENTURA FL 33180             | City-State-Zip: | AVENTURA FL 33180             |

*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:** ROSAIRE DUBE

**CEO**

**01/05/2023**

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

\_\_\_\_\_  
Date