

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272117

**Entity Name:** RAV INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

122 LOCKBREEZE DRIVE  
DAVENPORT, FL 33897

**Current Mailing Address:**

319 WINDSOR PLACE  
DAVENPORT, FL 33896 US

**FEI Number:** 85-2952286

**Certificate of Status Desired:** No

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

ALBA, JOSEFINA  
319 WINDSOR PLACE  
DAVENPORT, FL 33896 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: MANAGER  
Name: RODRIGUEZ, ANDERSON  
Address: 3164 BELLA VISTA DRIVE  
City-State-Zip: DAVENPORT FL 33897

Title: MANAGER  
Name: ALBA, JOSEFINA  
Address: 319 WINDSOR PLACE  
City-State-Zip: DAVENPORT FL 33896

Title: MANAGER  
Name: ALBA, CESAR  
Address: 319 WINDSOR PLACE  
City-State-Zip: DAVENPORT FL 33896

Title: MANAGER  
Name: VALDES, ALFREDO  
Address: 43 OLYMPIA ST  
City-State-Zip: CLIFTON NJ 07011

Title: MANAGER  
Name: VALDES, KATHYRIA  
Address: 43 OLYMPIA ST  
City-State-Zip: CLIFTON NJ 07011

Title: MANAGER  
Name: RODRIGUEZ, ANNY  
Address: 185 TERHUNE AVE  
APT B  
City-State-Zip: LODI NJ 07644

Title: MANAGER  
Name: RIJO, JEAN CARLOS  
Address: 229 BELLA VERANO WAY  
City-State-Zip: DAVENPORT FL 33897

Title: MANAGER  
Name: RIJO, RAFELINA  
Address: 229 BELLA VERANO WAY  
City-State-Zip: DAVENPORT FL 33897

**Continues on page 2**

*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:** JOSEFINA ALBA

**MANAGER**

**04/11/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           ARIAS, YAUERLIN J  
Address        805 VAN HOUTEN AVE  
                APT. 1  
City-State-Zip: CLIFTON NJ 07013

Title           MANAGER  
Name           REYES, ELISABEL  
Address        805 VAN HOUTEN AVE  
                APT. 1  
City-State-Zip: CLIFTON NJ 07013