

2023 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: Yes

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

04/20/2023

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