

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272117

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

**Current Principal Place of Business:**

319 WINDOR PL  
DAVENPORT, FL 33896

**Current Mailing Address:**

122 LOCKBREEZE DR  
DAVENPORT, FL 33897 US

**FEI Number:** 85-2952286

**Certificate of Status Desired:** Yes

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

ALBA, JOSEFINA  
122 LOCKBREEZE DR  
DAVENPORT, FL 33897 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 122 LOCKBREEZE DR  
City-State-Zip: DAVENPORT FL 33896

Title MANAGER  
Name ALBA, JOSEFINA  
Address 122 LOCKBREEZE DR  
City-State-Zip: DAVENPORT FL 33897

Title MANAGER  
Name ALBA, CESAR  
Address 122 LOCKBREEZE DR  
City-State-Zip: DAVENPORT FL 33897

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:** ELISABEL REYES

**MANAGER**

**04/15/2021**

\_\_\_\_\_  
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