2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000417823

Entity Name: RAAAAS N BAKE LLC

Current Principal Place of Business:

12377 S CLEVELAND AVE UNIT 16
FORT MYERS, FL 33907

Current Mailing Address:

12377 S CLEVELAND AVE UNIT 16
FORT MYERS, FL 33907 US

FEI Number: 92-0503296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIRANI SEAN
12377 S CLEVELAND AVE UNIT 16
FORT MYERS, FL 33907 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	AMBR
Name	VIRANI, SEAN	Name	AVILA, RYAN
Address	14565 MONOROVIA LANE	Address	5025 RIVERSIDE RD
City-State-Zip:	FORT MEYERS FL 33905	City-State-Zip:	WATERFORD WI 53185
Title	AMBR	Title	AMBR
Name	VIRANI, AMIN	Name	VIRANI, ANEAL
Address	4442 CLAIRSON CT	Address	26 HOP RANCH CIRCLE
City-State-Zip:	PALM HARBOR FL 34685	City-State-Zip:	SANTA ROSA CA 95403
Title	AMBR	Title	AMBR
Name	ABDUL ALAM ABUL FAIZ	Name	LAKHANI, ARIF
Address	11642 CANOPY LOOP	Address	3500 GALT OCEAN DR # 1712A
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT LAUDERDALE FL 33308
Title	AMBR		
Name	LAKHANI, NADIA		
Address	14640 CEDAR CREEK PL		
City-State-Zip:	DAVIE FL 33325		

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: ARIF LAKHANI   OWNER   04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail   Date