

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004636

**Entity Name:** RA FACTORS LLC

**Current Principal Place of Business:**

530 S 8TH ST  
LAS VEGAS, NV 89101

**Current Mailing Address:**

5101 N HOWARD AVE  
STE 16  
TAMPA, FL 33603 US

**FEI Number:** 83-4327811

**Certificate of Status Desired:** No

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

RICE, MICHAEL  
5101 N HOWARD AVE  
STE 16  
TAMPA, FL 33603 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	RICE, MICHAEL	Name	CLAPICK, STUART
Address	5101 N HOWARD AVE STE 16	Address	530 S 8TH ST
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	LAS VEGAS NV 89101

*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:** MICHAEL RICE

**MANAGING MEMBER**

**04/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date