

5/8/25, 3:39 PM

**M11000004439**

Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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(((H25000166268 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KOUTOULAS & RELIS, LLC  
Account Number : 120070000005  
Phone : (954)332-1345  
Fax Number : (954)332-1346

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

TALLAHASSEE, FLORIDA

2025 MAY -7 AM 10:28

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**LLC REGISTERED AGENT CHANGE  
RASKIN INDUSTRIES LLC**

Certificate of Status	0
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Raskin Industries LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ursula Atkinson

Name of Person:

Koutoulas & Relis LLC

Firm/Company

777 Yamato Road Ste 100

Address

Boca Raton, FL 33431

City/State and Zip Code

info@krepas.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ursula Atkinson

954

332-1345

at ( )

Name of Person

Area Code &amp; Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Raskia Industries LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)6919 SW 18th Street, Ste C2366919 SW 18th Street, Ste C236Boca Raton, FL 33433Boca Raton, FL 3343309/02/2011M110000044393. Date of filing/registration in Florida4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

William LapisRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)1101 Holland Drive Unit 16Boca Raton, FL 33487

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:6919 SW 18th Street, Ste C236Boca Raton, FL 33487

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William Lapis  
Signature of a member or authorized representative of a member

William Lapis, Managing Member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William Lapis  
Signature of Registered Agent

5-6-2025

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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