

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000146654

**Entity Name:** RASAN REI LLC

**Current Principal Place of Business:**

253 NE 2ND STREET, SUITE 808S  
MIAMI, FL 33132

**Current Mailing Address:**

253 NE 2ND STREET, SUITE 808S  
MIAMI, FL 33132 US

**FEI Number:** 47-4952680

**Certificate of Status Desired:** Yes

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

OSTERMUENCHNER, HANS  
1323 LINCOLN STREET  
HOLLYWOOD, FL 33019 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:** HANS OSTERMUENCHNER

06/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ESTHER OLAVARRIETA  
Address 253 NE 2ND STREET, SUITE 808S  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name RAFAEL GINER HIDALGO  
Address 253 NE 2ND STREET, SUITE 808S  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name RAFAEL GINER OLAVARRIETA  
Address 253 NE 2ND STREET, SUITE 808S  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name SANTIAGO GINER OLAVARRIETA  
Address 253 NE 2ND STREET, SUITE 808S  
City-State-Zip: MIAMI FL 33132

*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:** HANS OSTERMUENCHNER

**AGENT**

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date