

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000018514

**Entity Name:** LAW OFFICE OF OTTO D. RAFUSE, LLC

**Current Principal Place of Business:**

25 N. MARKET STREET  
115  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

25 N. MARKET STREET  
115  
JACKSONVILLE, FL 32202 US

**FEI Number: 81-5110882**

**Certificate of Status Desired: No**

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

RAFUSE, OTTO D ESQUIRE  
25 N. MARKET STREET  
115  
JACKSONVILLE, FL 32202 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  
Name RAFUSE, OTTO D ESQUIRE  
Address 25 N. MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32065

*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: OTTO D. RAFUSE**

**MGR./OWNER**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date