

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000180023

**Entity Name:** KAREN RAE, LLC

**Current Principal Place of Business:**

1404 E. LAS OLAS BLVD.  
SUITE 30234  
FORT LAUDERDALE, FL 33303

**Current Mailing Address:**

1404 E. LAS OLAS BLVD.  
SUITE 30234  
FORT LAUDERDALE, FL 33303 US

**FEI Number:** 82-2572829

**Certificate of Status Desired:** No

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

SHAFFER, KAREN RAE  
1404 E. LAS OLAS BLVD.  
SUITE 30234  
FORT LAUDERDALE, FL 33303 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           SHAFFER, KAREN RAE  
Address        1404 E. LAS OLAS BLVD., SUITE 30234  
  
City-State-Zip: FORT LAUDERDALE FL 33303

*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:** KAREN RAE SHAFFER

**MGR**

**03/19/2019**

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

\_\_\_\_\_  
Date