

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000118930

**Entity Name:** AGARAF LLC

**Current Principal Place of Business:**

7940 PRESERVE CIRCLE  
APT # 932  
NAPLES, FL 34119

**Current Mailing Address:**

7940 PRESERVE CIRCLE  
APT # 932  
NAPLES, FL 34119 US

**FEI Number:** 83-0543954

**Certificate of Status Desired:** No

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

JEZIOREK, RAFAL  
7940 PRESERVE CIRCLE  
APT # 932  
NAPLES, FL 34119 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 AMBR  
Name JEZIOREK, RAFAL  
Address 7940 PRESERVE CIRCLE  
APT # 932  
City-State-Zip: NAPLES FL 34119

Title AMBR  
Name GOTHAM, AGNIESZKA  
Address 7940 PRESERVE CIRCLE  
APT # 932  
City-State-Zip: NAPLES FL 34119

*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:** AGNIESZKA GOTHAM

AMBR

03/30/2023

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

\_\_\_\_\_  
Date