

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000236204

**Entity Name:** RAUL LLORET LLC

**Current Principal Place of Business:**

524 PAUL MORRIS DRIVE  
UNIT H  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

PO BOX 742  
ENGLEWOOD, FL 34295

**FEI Number:** 84-3196653

**Certificate of Status Desired:** No

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

LLORET, RAUL  
524 PAUL MORRIS DRIVE  
UNIT H  
ENGLEWOOD, FL 34223 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 LLORET, RAUL  
Address PO BOX 742  
City-State-Zip: ENGLEWOOD FL 34295

*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:** RAUL LLORET

MGR

02/11/2020

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

\_\_\_\_\_  
Date