

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000248149

**Entity Name:** RONSTAFARI LLC

**Current Principal Place of Business:**

3236 KINGSWOOD DR  
SARASOTA, FL 34232

**Current Mailing Address:**

3236 KINGSWOOD DR  
SARASOTA, FL 34232 US

**FEI Number:** 85-2725119

**Certificate of Status Desired:** No

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

GIVENS, LARON C  
3236 KINGSWOOD DR  
SARASOTA, FL 34232 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:** LARON GIVENS

11/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GIVENS, LARON C  
Address 3236 KINGSWOOD DR  
City-State-Zip: SARASOTA FL 34232

*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:** LARON GIVENS

MGR

11/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date