

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000472819

**Entity Name:** RAULESTATES LLC

**Current Principal Place of Business:**

3589 AUTUMN WOODS DR  
CRESTVIEW, FL 32539

**Current Mailing Address:**

193 INCHON RD  
FORT LEE, VA 23801

**FEI Number:** 87-3661785

**Certificate of Status Desired:** Yes

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

MEDINA, RANDY  
3589 AUTUMN WOODS DR  
CRESTVIEW, FL 32539 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 MEDINA, RANDY R  
Address 193 INCHON RD  
City-State-Zip: FORT LEE VA 23801

Title MGR  
Name MEDINA, RANDY R  
Address 193 INCHON RD  
City-State-Zip: FORT LEE VA 23801

Title AMBR  
Name MEDINA, CRISTAL  
Address 193 INCHON RD  
City-State-Zip: FORT LEE VA 23801

Title MGR  
Name MEDINA, CRISTAL  
Address 193 INCHON RD  
City-State-Zip: FORT LEE VA 23801

*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:** RANDY MEDINA

AMBR

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date