

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000140912

**Entity Name:** RAKILINE LLC

**Current Principal Place of Business:**

7800 POINT MEADOWS DR  
UNIT 1033  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5403 SANDERS ROAD  
JACKSONVILLE, FL 32277 US

**FEI Number:** 83-0668695

**Certificate of Status Desired:** No

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

VILLARREAL, GUIDO R JR  
5403 SANDERS ROAD  
JACKSONVILLE, FL 32277 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 VILLARREAL, GUIDO R JR  
Address 7800 POINT MEADOWS DR UNIT 1033  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name VILLARREAL, GUIDO E SR  
Address 7800 POINT MEADOWS DR  
UNIT 1033  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name VILLARREAL RAKSANYI, ZSOFIA  
Address 5403 SANDERS ROAD  
City-State-Zip: JACKSONVILLE FL 32277

*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:** GUIDO R. VILLARREAL, JR

MGR

07/20/2019

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

\_\_\_\_\_  
Date