

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001657

Entity Name: ORLANDO BATHING SUIT, LLC

Current Principal Place of Business:

5337, MILLENIA LAKES BLVD
400
ORLANDO, FL 32839

Current Mailing Address:

5337, MILLENIA LAKES BLVD
400
ORLANDO, FL 32839

FEI Number: 26-4750194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGRM
Name RAB ACQUISITION LLC
Address 205 WEST 19TH STREET
City-State-Zip: NEW YORK NY 10011

Title MGRM
Name ORLANDO BATHING SUIT
(HOLDINGS) LLC
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title MGRM
Name FORTRESS VALUE RECOVERY FUND
I, LLC
Address 1345 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10105

Title MGR
Name BLUMENTHAL, RANDALL A
Address 5337, MILLENIA LAKES BLVD, SUITE
400
City-State-Zip: ORLANDO FL 32839

Title PRES
Name ARNOLD, SHEILA
Address 5337, MILLENIA LAKES BLVD, SUITE
400
City-State-Zip: ORLANDO FL 32839

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: S ARNOLD

CEO

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date