

**2018 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	FORTRESS VALUE RECOVERY FUND I, LLC
Address	1345 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10105

Title	MGRM
Name	ORLANDO BATHING SUIT (HOLDINGS) 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

*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:** PATRICIA UNDERWOOD

**SR. ACCOUNTANT**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date