

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000038963

1. Entity Name

RAINBOW ISLAND, LLC



Principal Place of Business

10725 S. OCEAN DR. #20
JENSEN BEACH FL 34957

Mailing Address

10725 S. OCEAN DR. #20
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

20-1157854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALATI, ANTONIO C
10725 S. OCEAN DR. #20
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

ANTONIO C. ALATI

(NOTE: Registered Agent signature required when reinstating)

1/27/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME OM
STREET ADDRESS ALATI, ANTONIO C
CITY-ST-ZIP 10725 S. OCEAN DR. #20
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS 000000622756 ☐ Change ☐ Addition
CITY-ST-ZIP 02/13/07-80037-024 50.00

TITLE
NAME ST
STREET ADDRESS MEDEIROS, WANDA M
CITY-ST-ZIP 10725 S. OCEAN DR. #20
JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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STREET ADDRESS ☐ Change ☐ Addition
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANTONIO C ALATI

1/27/07

772 225-0804

Date

Daytime Phone #