

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088029

FILED
May 01, 2008
Secretary of State

Entity Name: BLUE RAIN ENTERPRISES, LLC

Current Principal Place of Business:

1104 NORTH WEST RIVERWOOD ROAD
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

1104 NORTH WEST RIVERWOOD ROAD
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-2016826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MANGET, JACQUELINE
2884 SW LOIS AVENUE
ARCADIA, FL 34266 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: JACKIE MANGET

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENNETT, MICHELLE
Address: 1104 NORTH WEST RIVERWOOD ROAD
City-St-Zip: ARCADIA, FL 34266

Title: MGR () Delete
Name: BENNETT, MICHELLE
Address: 1104 NORTH WEST RIVERWOOD ROAD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHELLE BENNETT

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date