

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061747

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** RAINBOW PROFESSIONAL SERVICES LLC

**Current Principal Place of Business:**

2721 LEE STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 550544  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

FEI Number: 57-1221626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

DE POLANCO, FRANCES  
2721 LEE STREET  
HOLLYWOOD, FL 33020      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DE POLANCO, FRANCES  
Address: 2721 LEE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR      ( ) Delete  
Name: POLANCO, DOMINGO  
Address: 2721 LEE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

**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: FRANCES DE POLANCO

MGR

07/01/2009

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