

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006112

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: RAINFOREST MOBILE MISTING, LLC

**Current Principal Place of Business:**

2400 NIGHTINGALE LANE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 422329  
KISSIMMEE, FL 347422329

**New Mailing Address:**

FEI Number: 35-2326310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAGNER, THOMAS W  
2400 NIGHTINGALE LANE  
KISSIMMEE, FL 34746 US

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

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: MGRM ( ) Delete  
Name: WAGNER, THOMAS  
Address: P.O. BOX 422329  
City-St-Zip: KISSIMMEE, FL 347422329

Title: MGRM ( ) Delete  
Name: KREBS, JOHN C  
Address: 158630 WENNER FARM LANE  
City-St-Zip: PURCELLVILLE, VA 20132

Title: MGRM ( ) Delete  
Name: WEST, TERRY W  
Address: P.O. BOX 491538  
City-St-Zip: LAWRENCEVILLE, GA 30049

**ADDITIONS/CHANGES:**

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

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: THOMAS W WAGNER

MGRM

04/09/2009

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