## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000013324

Entity Name: RAINBOW ACCOMMODATIONS, LLC

4020 N HILLS DRIVE #29

HOLLYWOOD, FL 33021 US

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 4020 N HILLS DRIVE #29 HOLLYWOOD, FL 33021 US **Current Mailing Address: New Mailing Address:** 4020 N HILLS DRIVE HOLLYWOOD, FL 33021 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WYNN, ADRIANA 4020 N HILLS DRIVE HOLLYWOOD, FL 33021 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HIENZ, CAMELIA Name: Name: Address: STR. MARGELELOR #54, SECTOR 6 Address: City-St-Zip: BUCHAREST, RO 7000 RO City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SIMILEA, ROBERT Name: Address: STR. MARGELELOR, SECTOR 6 Address: City-St-Zip: BUCHAREST, RO 7000 RO City-St-Zip: Title: MGR () Delete Title: () Change () Addition WYNN, ADRIANA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ADRIANA WYNN MGR 04/30/2009