

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081041

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** RAINBOW RIVER KAYAK ADVENTURES LLC

**Current Principal Place of Business:**

11463 N. WILLIAMS ST.  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

11463 N. WILLIAMS ST.  
DUNNELLON, FL 34432

**New Mailing Address:**

**FEI Number:** 45-2930242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, CHRIS H  
11659 OSCEOLA RD  
DUNNELLON, FL 34432 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  
Name: ANDERSON, CHRIS H  
Address: 11659 OSCEOLA RD  
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM  
Name: ANDERSON, MARC H  
Address: 9691 SW 190TH AVE. RD.  
City-St-Zip: DUNNELLON, FL 34431

I hereby 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: CHRISTOPHER H ANDERSON

MGRM

01/11/2012

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