

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000264

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** RAINBOW SPRINGS UTILITIES, L.C.

**Current Principal Place of Business:**

C/O CHASE ENTERPRISES  
225 ASYLUM ST, 29H FLOOR  
HARTFORD, CT 061031538

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CHASE ENTERPRISES  
225 ASYLUM ST, 29H FLOOR  
HARTFORD, CT 061031538

**New Mailing Address:**

**FEI Number:** 59-3304495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: CHASE, DAVID T  
Address: GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL  
City-St-Zip: HARTFORD, CT 061031538

Title: MGRM  
Name: CHASE, ARNOLD L  
Address: GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL  
City-St-Zip: HARTFORD, CT 061031538

Title: MGRM  
Name: CHASE, CHERYL A  
Address: GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL  
City-St-Zip: HARTFORD, CT 061031538

Title: MGR  
Name: SMALLRIDGE, LOWELL P  
Address: 8518 SOUTHWEST 189TH COURT ROAD  
City-St-Zip: DUNNELLON, FL 34432

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: CHERYL A. CHASE

MGRM

04/04/2012

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