# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000110031

Entity Name: ORCHID RAIN LLC

Apr 29, 2025 **Secretary of State** 5525368701CC

**FILED** 

# **Current Principal Place of Business:**

137 N. WOODLAND BLVD. DELAND. FL 32720

# **Current Mailing Address:**

35 GARDEN DRIVE DELAND, FL 32724 US

FEI Number: 47-4406487 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FOREST, CAROL 35 GARDEN DRIVE DELAND, FL 32724 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: CAROL FOREST 04/29/2025

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title AR

Name FOREST, CAROL Address 35 GARDEN AVE City-State-Zip: DELAND FL 32724

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/29/2025 SIGNATURE: CAROL FOREST **OWNER**