

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000120044

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC5937194218**

**Entity Name:** RAINMAKER ENTERTAINMENT, LLC

**Current Principal Place of Business:**

1213 OMAR ROAD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

1213 OMAR ROAD  
WEST PALM BEACH, FL 33405 US

**FEI Number: 81-4897181**

**Certificate of Status Desired: No**

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

SOLOMON, JAMES  
1213 OMAR ROAD  
WEST PALM BEACH, FL 33405 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

**Authorized Person(s) Detail :**

Title AMBR  
Name SOLOMON, JAMES  
Address 1213 OMAR ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title AMBR  
Name MILLS, LONNIE  
Address 1213 OMAR ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

Title AMBR  
Name LIZZA, SCOTT  
Address 1213 OMAR ROAD  
City-State-Zip: WEST PALM BEACH FL 33405

*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.*

**SIGNATURE: JAMES SOLOMON**

**AMBR**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date