


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010933

1. Entity Name
REC-TEC LLC



Principal Place of Business Mailing Address

854 SPIREA DR. P.O. BOX 561031
 ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32956

DO NOT WRITE IN THIS SPACE



02092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 59-3730473 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUVALIER, DOMINIQUE A
 854 SPIREA DR.
 ROCKLEDGE, FL 32955

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

1100000072990
 03/02/04-80017-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUVALIER, DOMINIQUE 854 SPIREA DR. ROCKLEDGE, FL 32955
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Dominique A Duvalier* **2/13/04** **321-639-7783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #