


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 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



01062005No 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUVALIER, DOMINIQUE 854 SPIREA DR. ROCKLEDGE, FL 32955
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 04/06/05-80022-007 50.00

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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)(f), 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* 4/4/05 321-639-7783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #