


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90040 015 \*\*\*\*50.00

DOCUMENT # L01000010933 1. Entity Name REC-TEC LLC	
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Principal Place of Business 854 SPIREA DR. ROCKLEDGE, FL 32955	Mailing Address P.O. BOX 561031 ROCKLEDGE, FL 32956
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20013936

DO NOT WRITE IN THIS SPACE



02282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3730473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_

**Filing Fee is \$50.00.**  
**Due by May 1, 2006**

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 exemptions contained in Chapter 119, 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 Duvalier Date: 3/2/06 Daytime Phone #: 321-639-7783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE