FILED
Aug 25, 2003 8:00 am
Secretary of State
07-28-2003 90066 018 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/21 7.

DOCUMENT # L02000002800

1. Entity Name
RECREATIONAL SOLUTIONS, L.L.C.

Principal Place of Business	Mailing Address
3900 COUNTY LINE ROAD #22A TEQUESTA FL 33469	3900 COUNTY LINE ROAD #22A TEQUESTA FL 33469

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-299-6540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TORBUS, JOHN M
3900 COUNTY LINE ROAD #22A
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above entity submits this [illegible] 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, the registered agent.

SIGNATURE _____ Signature of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MEMBER NAME KATHERINE M. TORBUS STREET ADDRESS 3900 COUNTY LINE RD #22A CITY-ST-ZIP TEQUESTA FL. 33469 ☐ Delete	TITLE MANAGER NAME JOHN M. TORBUS STREET ADDRESS 3900 COUNTY LINE RD #22A CITY-ST-ZIP TEQUESTA FL. 33469 ☐ Change ☐ Addition
TITLE MANAGER NAME PATRICIA BERESBAKEN STREET ADDRESS P.O. BOX 207 (NEW ADDRESS) CITY-ST-ZIP MEMPHIS N.Y. 13112-0207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MANAGER NAME BART BERESBAKEN STREET ADDRESS P.O. BOX 207 (NEW ADDRESS) CITY-ST-ZIP MEMPHIS N.Y. 13112-0207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MANAGER NAME JOHN M. TORBUS STREET ADDRESS 3900 COUNTY LINE RD #22A CITY-ST-ZIP TEQUESTA FL. 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED 7/25/03 561-308-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #