

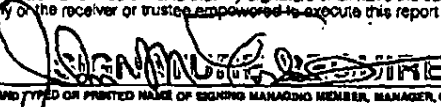
FILED
Aug 25, 2003 8:00 am
Secretary of State

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 3900 COUNTY LINE ROAD #22A TEQUESTA FL 33469		Mailing Address 3900 COUNTY LINE ROAD #22A TEQUESTA FL 33469			
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 75-291-6540	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				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above entity submits this purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent.					
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when relocating)					
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 ☐ Delete NAME KATHERINE M. TORBUS STREET ADDRESS 3900 COUNTY LINE RD #22A CITY-ST-ZIP TEQUESTA FL 33469			TITLE ☐ Change ☐ Addition NAME MANAGER STREET ADDRESS JOHN M. TORBUS CITY-ST-ZIP 3900 COUNTY LINE RD #22A TEQUESTA FL 33469		
TITLE ☐ Delete NAME PATRICIA BERESBACHEN STREET ADDRESS P.O. BOX 207 CITY-ST-ZIP MEMPHIS NY 13112-0207			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME PART BERESBACHEN STREET ADDRESS P.O. BOX 207 CITY-ST-ZIP MEMPHIS NY 13112-0207			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME MANAGER STREET ADDRESS JOHN M. TORBUS CITY-ST-ZIP 3900 COUNTY LINE RD #22A TEQUESTA FL 33469			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  7/25/03 561-308-8812 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CP2E083 (4/03)