

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009644

Entity Name: REKAT HOLDINGS, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

704 E. FORT KING ST.  
OCALA, FL 34471

**New Principal Place of Business:**

10100 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952 US

**Current Mailing Address:**

704 E. FORT KING ST.  
OCALA, FL 34471

**New Mailing Address:**

10100 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952 US

FEI Number: 75-3049278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAKER, CHRISTOPHER  
704 E. FORT KING ST.  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

WILLIAMS, CHRISTINE L MGRM  
10100 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: CHRISTINE L. WILLIAMS

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, CHRISTINE L MGRM  
Address: 10100 S FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: MGRM  
Name: STAKER, CHRISTOPHER A MGRM  
Address: 704 E. FORT KING ST.  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTINE L. WILLIAMS

MGRM

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date