

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-08-2006 90042 033 \*\*\*\*50.00

**DOCUMENT # L05000059263**

1. Entity Name  
**RECREATION SPECIALTIES, LLC**



Principal Place of Business  
**1262 COMMON COURT  
CLERMONT, FL 34711**

Mailing Address  
**1262 COMMON COURT  
CLERMONT, FL 34711**

2. Principal Place of Business  
**945 WALKER ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**945 WALKER ROAD**  
Suite, Apt. #, etc.



03122006 Chg-LLC CR2E083 (11/05)

City & State  
**WILDWOOD, FL**  
Zip  
**34785** Country  
**SUMTER**

City & State  
**WILDWOOD, FL**  
Zip  
**34785** Country  
**SUMTER**

4. FEI Number  
**20-3020671** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, SOUTH, MILHAUSEN & CARR, P.A.  
C/O JEFFREY P. MILHAUSEN, ESQ.  
2699 LEE ROAD, SUITE 120  
WINTER PARK, FL 32789**

**7. Name and Address of New Registered Agent**

Name  
**JOHN SANCHEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**945 WALKER ROAD**  
City  
**WILDWOOD** FL Zip Code  
**34785**

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 **JOHN A. SANCHEZ, PRESIDENT** DATE **4/28/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SANCHEZ, JOHN	1262 COMMON COURT	CLERMONT, FL 34711	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		945 WALKER ROAD	WILDWOOD, FL 34785	<input type="checkbox"/>	<input type="checkbox"/>
VP	RODRIGUEZ, BONNIE	945 WALKER ROAD	WILDWOOD, FL 34785	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MCLABE, KIMBERLY	945 WALKER ROAD	WILDWOOD, FL 34785	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **JOHN A. SANCHEZ** DATE **4/28/06** DAYTIME PHONE # **352-748-2388**  
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE