


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000059263 1. Entity Name RECREATION SPECIALTIES, LLC	
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Principal Place of Business 945 WALKER RD WILDWOOD, FL 34785	Mailing Address 945 WALKER RD WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



02042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3020671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, JOHN
945 WALKER RD
WILDWOOD, FL 34785**

**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, JOHN 945 WALKER RD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, BONNIE 945 WALKER RD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCABE, KIMBERLY 945 WALKER RD WILDWOOD, FL 34785
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/07-80012-006 50.00

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:  **KIMBERLY MCCABE** **3/27/07** **352-948-2388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #