

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000059263**

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



Principal Place of Business

**945 WALKER RD  
WILDWOOD, FL 34785**

Mailing Address

**945 WALKER RD  
WILDWOOD, FL 34785**



02032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000857148  
03/31/08-80002-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**KIMBERLY MCCABE**

**3/9/08**  
Date

**352-409-2240**  
Daytime Phone #