

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059263

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: RECREATION SPECIALTIES, LLC

**Current Principal Place of Business:**

945 WALKER RD  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

945 WALKER RD  
WILDWOOD, FL 34785

**New Mailing Address:**

FEI Number: 20-3020671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, JOHN  
945 WALKER RD  
WILDWOOD, FL 34785 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANCHEZ, JOHN  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

Title: VP ( ) Delete  
Name: RODRIGUEZ, BONNIE  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

Title: T (X) Delete  
Name: MCCABE, KIMBERLY  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SANCHEZ, LISA M  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN SANCHEZ

MGR

02/22/2009

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