

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000059263

**FILED**  
**Jan 11, 2011**  
**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:**

SANCHEZ, LISA M  
945 WALKER RD  
WILDWOOD, FL 34785 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: LISA M SANCHEZ

01/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SANCHEZ, LISA  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

Title: VP  
Name: SANCHEZ, LISA M  
Address: 945 WALKER RD  
City-St-Zip: WILDWOOD, FL 34785

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: LISA M SANCHEZ

PRES

01/11/2011

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