


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L06000110041 1. Entity Name RECOGNITIONART, LLC	
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Principal Place of Business 5824 BEE RIDGE ROAD #418 SARASOTA, FL 34223	Mailing Address 5045 ROBINSONG ROAD SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8188026	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENWALD, TOREY L 5045 ROBINSONG ROAD SARASOTA, FL 34233
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**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	MGRM GREENWALD, TOREY L 5045 ROBINSONG ROAD SARASOTA, FL 34233
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U00000856166
03/27/08-80075-015 138.75

U00000856166
03/27/08-80075-016 5.00

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

3-10-08 941-924-1849
Date Daytime Phone #