

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030422

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SQUARE W RECREATIONS, LLC

**Current Principal Place of Business:**

11405 TULLAMORE PLACE  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

11405 TULLAMORE PLACE  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

**FEI Number:** 11-3752483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, WALTER F  
5903 SOARING AVENUE  
TEMPLE TERRACE, FL 336171399 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  
**Name:** WILLIAMS, WALLACE F  
**Address:** 11405 TULLAMORE PLACE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617

**Title:** MGR  
**Name:** WILLIAMS, MARLENE  
**Address:** 11405 TULLAMORE PLACE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617

**Title:** MGR  
**Name:** WILLIAMS, WALTER F  
**Address:** 5903 SOARING AVENUE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617

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:** WALTER WILLIAMS

MGR

01/08/2010

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