

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030422

**FILED**  
**Apr 26, 2011**  
**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:** 11-3752463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

WILLIAMS, WALTER F  
11405 TULLAMORE PL  
TEMPLE TERRACE, FL 33617 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:** WALT WILLIAMS

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MMBR  
**Name:** SQUARE W HOLDINGS  
**Address:** 11405 TULLAMORE PLACE  
**City-St-Zip:** TEMPLE TERRACE, FL 33617

**Title:** MGR  
**Name:** WILLIAMS, WALLACE  
**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

04/26/2011

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