

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061989

Entity Name: RE-CREATIONS, LLC

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

**Current Principal Place of Business:**

302 E LAKE DEER DRIVE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1146  
LOWELL, MA 01853

**New Mailing Address:**

FEI Number: 27-0500688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: MGRM  
Name: CORCORAN, JACQUELINE  
Address: PO BOX 1146  
City-St-Zip: LOWELL, MA 01853 US

Title: MGRM  
Name: CUTTER, ROBERT  
Address: PO BOX 1146  
City-St-Zip: LOWELL, MA 01853 US

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: JACQUELINE CORCORAN

MGRM

02/08/2010

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