

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005214**

1. Entity Name  
RECS, L.L.C.



Principal Place of Business  
12352 WILES ROAD  
POMPANO BEACH, FL 33076

Mailing Address  
12352 WILES ROAD  
POMPANO BEACH, FL 33076

**DO NOT WRITE IN THIS SPACE**



04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0943883

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHAW, DANIEL  
12352 WILES ROAD  
CORAL SPRINGS, FL 33076

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000502612  
04/25/06-80110-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHAW, DANIEL MR.  
10175 VESTAL COURT  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHAW, DANIEL MRS.  
10175 VESTAL COURT  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Daniel Shaw**

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

4/7/06 954-755-9211

Date

Daytime Phone #