

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000023

1. Entity Name
RECOGNITION RESOURCES, LTD., L.C.



Principal Place of Business
6121B CLARK CENTER AVENUE
SARASOTA, FL 34238

Mailing Address
6121B CLARK CENTER AVENUE
SARASOTA, FL 34238



01042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1417879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREENWALD, LARRY
6121B CLARK CENTER AVENUE
SARASOTA, FL 34238

**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 reinstalling)

DATE

1-18-04

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREENWALD, LARRY
6121B CLARK CENTER AVENUE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREENWALD, SHELLEY
6121B CLARK CENTER AVENUE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TURNER, LEE I
6121B CLARK CENTER AVENUE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1101000220727
02/08/05-80001-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

SIGNATURE: X

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

2/3/05

Date

941-921-7447

Daytime Phone #